MARYLAND STATE DEPARTMENT OF HEALTH

5871

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No 2 42

| 1. PLACE OF DEATH. | | 2. USUAL RESIDENCE (| | |
|---|--|---|---|-------------------------------------|
| COUNTY Prince George's | MARYLAND | STATE | Prince Geor | ITY |
| CITTY (If antide an anata Bartes make DIID | | CITY (If outside corpor | ate limits, write RURAL and | give pearest town) |
| OR give nearest town) | (in this place) | [OB | | |
| K TOWN Rural | | STREET STREET | Hills, Maryland (If rural, give location) | X |
| TAYORDINATON OD | Hills Rd., S.E. | | emple Hills Rd., | |
| | | | | |
| 3. NAME OF (First) DECEASED (Type or Print) Sallia | (Middle) P. Allen | (Last) | 4. DATE (Month) OF DEATH June | (Day) (Year) 22 1955 |
| 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. | 8. DATE OF BIRTH | 9. AGE last birthday If und | ler I venr III under 24 hrs |
| female white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | Aug. 24. 1872 | 82 yrs. Mont | ha Days Hours Min. |
| 10n. USUAL OCCUPATION (Give kind of work) | 10h. KIND OF BUSINESS OR | 11. BIRTHPLACE (State of | r foreign country) | 12. CITIZEN OF WHAT |
| dono during most of working life, even if retired) | INDUSTRY | | | COTTATION V9 |
| 13. FATHER'S NAME | COMESCIC | Granville Co., 1 | NAME. | U.S.A. |
| | | | | |
| George W. Pittard | 2 1 10 Co Co No | Rowanne Alle | n | |
| (Yes, no, or unknown) (If yes, give war or dates of | ? 16. SOCIAL SECURITY NO. | 17. INFORMANT | | |
| 110 service) | | Mrs. Opie L. | Jenkins | |
| | 18. MEDICAL CE | RTIFICATION | | |
| I. DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATE |
| A idea | | | | |
| Immediate cause (a) | Broncho pneumonia | 1 + 0 + 0 + 1 + 0 0 + 0 + 1 0 + 1 + 1 + | ini oʻin oʻin a elini mininin ashaq a tina ti qa talgara a pan on a ca ci p q n q ipp (| 3 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | Carcinoma of left | breast with meta | stasis | 5_years |
| (c) | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | |
| Conditions contributing to the death but not related to the disease or condition causing deat | Canila gamanal | | - | 1 |
| related to the disease or condition causing deat | INDINGS OF OPERATION | arterio-scieros. | <u> </u> | unknown 1 20. AUTOPSY? |
| | | | | 20. AUTOPSIT |
| June 15, 1954 Mastecto | my left breast | | | Yes No 🗔 |
| 21. ACCIDENT (Specify) PLA SUICIDE HOMICIDE Natural cause INJU | CE (Home, farm, factory, street, office bldg., etc.) | (CITY OR 7 | COUNT | Y) (STATE) |
| TIME (Month) (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OC | CUR? | |
| OF INJURY m. | While at Not While Work At work | | | |
| INJURY | WORK [] At WORK | | | |
| 22. I hereby certify that I attended the | decessed from Feb. 7. | 19 52 to June 2 | 2 19 55 that I leet | because the deceased |
| 22. I hereby termy that I accorded the | december Holliam Man | , 10277, 00 | , 10, that I had | saw one deceased |
| alive on June 21 , 1955 , an | d that death occurred at | 3. A.m., from the | causes and on the date | stated above. |
| SIGNATURE | (Degree or title) | ADDRESS | | DATE SIGNED |
| 0 1 | the same | | | |
| 23. BURIAL, CREMATION DATE THEIR | OF NAME OF CEMETE | O SilverHill Rd. | S.E. D.C. 28 OCATION (City, towns or co | June 22, 1955 unty) (State) |
| Busic Specify) June 24 | -55 Cedar H | ell Comeling | Sulland, m | rangand |
| DATE REC'D BY LOCAL REGISTRAR'S | SIGNATURE 01 | 24 FUNERAL DIRECTO | R | DDRESS |
| REG. The state of | 7. (Helyer) | Simman | Brochers 1661 | - Grand Hoya |
| Maria Comment | 1 years | | | 40 |
| | _ | Ros | ad AZ Was | L20100 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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FOR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH

5872

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 42

| | 2. USUAL RESIDENCE (| HOME OF DECEMBED. | |
|---|--|--|--|
| MARYLAND | STATE Maryland | l Co | OUNTYPr. Geo's |
| e RURAL and LENGTH OF STA (in this place) | O.D. | ate limits, write RURAL | and give nearest town) |
| | STREET ADDRESS 7440- | (If rural, give locate Brinkley Roa | |
| ES (Middle) | (Last) BIGGS | 4. DATE (Mont | 16th. 1955 |
| ACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)Married | s. date of birth Jan. 15-1873 | 9. AGE last birthday If M | under 1 year If under 24 hrs. Ionths Days Hours Min. |
| of work 10b. Kind of Business of etired) Industry | R 11. BIRTHPLACE (State | | 12. CITIZEN OF WHAT COUNTRY? USA |
| | Jennie King | | |
| r dates of none | Martha I. Biggs | g (Wife) | |
| (b) Carsenan | a of Prosta | | 2 days |
| ONS ut not uling death. — Penere | | elevour | Zubnown |
| PLACE (Home, farm, factory, stre OF office bidg., etc.) INJURY Hour) INJURY OCCURRED | et, CITY OR | | 20. AUTOPSY? Yes No UNTY) (STATE) |
| m. Work At work ded the deceased from | 016. | | |
| Aallos W.D. W | Tasling tur 2 | S Causes and on the d | Luc 1 6 1955 |
| THEREOF NAME OF CEME | TERI OR CROMATORI | POOTTATOLI (OLOGI) COUNTY) | or county) (State) |
| | (m this place) (Middle) (Specify) (Married) (Specify) (Specify) (Married) (Specify) (Middle) (Specify) (Specify) (Middle) (Specify) (Married) (Specify) (Middle) (Specify) (Middle) (Specify) (Married) (Middle) (Specify) (Married) (Middle) (Married) (Specify) (Married) (Middle) (Specify) (Married) (Married) (Married) (Married) (Married) (Middle) (Married) (Married) (Married) (Married) (Married) (Middle) (Married) (Middle) (Married) (Middle) (Married) (Mar | (Middle) (Middl | OR TOWN Camp Springs TOWN Camp Springs STREET (If rural, give local Street ADDRESS 7440- Brinkley Roal (Last) ES W. BIGGS DEATH UNDER OF DEATH OF ADDRESS 7440- Brinkley Roal (Last) ACE 7. SINGLE MARRIED. S. DATE OF BIRTH DEATH OF DEATH OF ADDRESS OR INDUSTRY Wash. Gim Factory Allentown Maryland. FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MARTHA I. Biggs (Wife) 18. MEDICAL CERTIFICATION ECTLY LEADING TO DEATH (a) ALLELWARD FOPERATION BOTH FORCES OF OPERATION LEADING TO DEATH (b) Catalward Approved Authority Security |

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No 2 3 |
|----------|-----------------------|--------------|------|-------|--------|
| MINITIAL | TAXET TAXET IN TO SEE | CHILLICIALIA | O.Y. | | No. |

| - 1 | | | |
|-----|---|--|----------------|
| | I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| | COUNTY Prince Georges, MARYLAND | STATE In d. COUNTY Pr Te | 0. |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give hearest/town) (in this place) | CITY (If outside corporate limits write RURAL and give | nearest town) |
| | XTOWN Lakeland 18 years. | TOWN Lakeland. | X |
| | HOSPITAL OR | STREET (If rural give location) | 22/2 |
| | STREET ADDRESS 5019-Lakeland 18d. 11 | 3019-Jakklaro | e lech. |
| | 3. NAME OF (First) (Middle) DECEASED: // (A) (Middle) | (Last) 4. DATE (Month) (Day) | (Year) |
| | (Type or Print) / / / / / / / / / / / / / / / / / / / | S/AC/ DEATH June 28 | 1953 |
| | Male Colored Sylventonia 9-1 | 10-08 46 yrs. Months Days | Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of 10th KIND) OF BUSINESS OR work done during most of work life, INDUSTRY | Virginia 1200 | IZEN OF WHAT |
| | 13. FATHER'S NAME: Black | 14. MOTHER'S MAIBEN NAME: | |
| 0 | 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of serving) | There Black Hucks noch | ele Va |
| - | 18. MEDICA | L CERTIFICATION | manuar Dames |
| | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | + / / / / IN OI | TERVAL BETWEEN |
| | Immediate cause (a) Cente cons | estive heart failine on what rend house | ************* |
| 4 | DUE TO | 1 | |
| | Antecedent cause(s) Diseases or conditions, if any, (b) | war rend disease | |
| | giving the to the above cause | | |
| | stating underlying cause last (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20 | AUTOPSY? |
| 6 | | | Yes No No |
| | 21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 2Ic. (City or town) (County) | (State) |
| | 21d. TIME (Month) (Day) (Year) (Hour) 2Ie. INJURY OCCURRED While at Not while work □ at work □ | 21f. HOW DID INJURY OCCUR? | |
| 4 | 22. I hereby certify that I took charge of the remains describe | | |
| | find that death resulted from: Natural causes 7, Accide | | ed cause []. |
| 0 | John J. Maloney (Hyattrille Ma | M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. | 27-55 |
| | REMOVAL (Schild Rune 29,195) Forlar | COR CREMATORY OF ATION (City, town, or county | a. |
| | DATE REC'D BY LOCAL TREASTRAR'S SIGNATURE REG. | 24. UNERAL DIRECTOR | ADDRESS |
| | 6 2/ 30 yourself (miney | harry Timur Her | 38771 |
| | | | |

WITH UNFADING INK. Supply every item of information carefully. The correct portant, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH

VS. A15A - 5 - 53

SS61 9 7N1

DECENAED

10 - 53

A15 VS. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item

| MARYLAND | STATE DEPARTMENT OF HEALTH—BALTIMORE | , 18 | 05833 |
|----------|--------------------------------------|--------|-----------|
| 5874 | CERTIFICATE OF DEATH Re | g. Dis | 1. No. 23 |

| 5874 CERTIFICAT | TE OF DEATH Reg. Dist. No. 431 |
|--|--|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Trince Georges MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and pive pearest town) TOWN Cheverly 2/2 hours | STATE COUNTY / X - / CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C. |
| MOSPITAL OR MINISTITUTION OR PRINCE GEORGE'S GENERAL LOS DE TON | STREET (If fural give location) ADDRESS 8351 Whitehouse Pd. |
| 3. NAME OF (First) / (Middle) DECEASED: (Type or Print) William Walter | Brady 4. DATE (Month) (Day) (Year) OF DEATH: 6 26 1953 |
| Male White Married XXXXXXX 3 | 20/1888 67 yrs. Months Days Hours Min. |
| work done during most of working life. even if priced; WORD OF BUSINESS OR INDUSTRY: Unemplayed | Maryland (State or foreign country): 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Richard Brady | Unknown |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND. | 17. INFORMANT & ADDRESS: |
| Yes, no, or wak.) (If Yes, kive war or dates of service) W.W. I. 579-14-2401 | Statistic Card (Hospital Records) |
| 18. MEDICAL CERTIFIC | ATION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Pulmon | rechanges from of Edeus A |
| ANTECEDENT CAUSE (S' DUE TO | 1-0'1 |
| DISEASES OR CONDITIONS, IF ANY. (B) LEED A | Mion Dos. T |
| STATING UNDERLYING CAUSE LAST. | ad Anterioralisació |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | THE PARTS OF THE STATE OF THE S |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI | ON LITEROVA |
| | 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bid (1F either, Notify medical examiner) | K., etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work | ED 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from | |
| alive on | ADDRESS M. D. CLEE A Field Mid 6/27/J.T. |
| REMOVAL (SPECIFY) | TERY OR CREMATORY LOCATION (City, town, or county) (State) |
| 77770 | n National Arlington Va. |
| DATE REC'D BY LOCAL FEGISTRAR'S SIGNATURE REGISTRAR | 24. FUNERAL DIRECTOR ADDRESS |

SS61 9 1111

BECEINED

2561 62 NNI

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No.2.40 |
|---------|------------|-------------|----|-------|---|
| | | | | | 111111111111111111111111111111111111111 |

| 8 | | |
|---------------------------------------|--|-----------------------------|
| le c | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | 0 |
| LY. | COUNTY MARYLAND STATE MA COUNTY COUNTY | Sinces |
| lly. | CITY (If outside corporate limits, write RURAL and OR and sive nearest town) LENGTH OF STAY CITY (If outside corporate limits write RURAL and OR OR | generatown) |
| carefully. | TOWN Fairment to hamment TOWN armont tens | to x |
| and | HOSPITAL OR STREET (If rural, give location) | 1 |
| 103 4 | OSTREET ADDRESS Sheet in front of home. ADDRESS 700 - 59 th Com | ٧ |
| clearly | 3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day |) (Year) |
| - 5 | (Type or Print) DEATH 6 - 30 | 1835 |
| information death clearly | 5. SEX: 6. ODLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): Months December 1 12-15-1896 5 9. AGE last birthday: Funder 1 12-15-1896 5 9. AGE last birthday: Months December 1 2-15-1896 5 9. AGE last birthday: Months D | |
| Del. | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT COUNTRY? |
| item ses o | even if retired): Coment worken Construction Washington DC. 1 | 159- |
| riter | 13. FATHER'S NAME: | |
| ca | Tolurand Brown Mangaret Indam | |
| the caus | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMACT & ADDRESS: | n . |
| pla d | (Yes, no, or unk.) (If Yes, give war or dates of service) 579-01-9330 Chic Farrest - 1032-58 | we |
| Supply | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| 0 41 | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ONSET AND DEATH |
| INK. | Immediate cause (a) Sulmanay edema e conceshai | |
| | DUE TO | |
| DIN | Diseases or conditions, if any, (b) Leute con sestive Mart Janhar | • |
| UNFADIA Physicians | glving rise to the above cause DUE TO | |
| NE | stating underlying cause last (c) (an obstrancular renal disease | |
| | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| E E | DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| Wits | | Yes No [|
| E PLAINLY, WITH especially important. | 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY Or CONTRIBUTING OF street, office bldg., etc., INJURY INJURY OF STREET, OFFICE BLDG. COUNTRIBUTING OFFICE BLDG. COUNTRIBUTING OFFICE BLDG. COUNTRIBUTING OFFICE BLDG. OF | (State) |
| Z | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? | |
| cia] | OF While at Not while INJURY M. work at work | |
| P | 22. I hereby certify that I took charge of the remains described above, held an Autopsy 5. Inspection | , Inquiry Z, and |
| | find that death resulted from: Natural causes 7, Accident 7, Suicide 7, Homicide 7, Undeter | mined cause []. |
| /RIT | DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. | 6-30-54 |
| ert. | A. BURIAL CREMATION, DATE THEREOF NAME OF CEMEDERY OR CREMATORY LOCATION (City, town, or | - |
| PLEASE | Things (6/30/50 Stewart times Home washingt | malle |
| LE | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE TO THE TOR SAME SIGNATURE | len Ilien |
| Pi | June 30,190 Carrie + Carrie + Carrie | |
| | Y COUNTY CONTRACTOR OF THE CON | |

BUREAU V. S. BECENAED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05836

| 000 | CERTIFICATE | OF | DEATH |
|------|-------------|-----|-------|
| 5828 | CERTIFICATE | OT. | DEALI |

Reg. Dist. No. 23/

| 5828 CERTIFICATE | Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL) OR and rive nearest ipwn) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS AMARYLAND MARYLAND (in this place) | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE M. COUNTY COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS 3942 Allisen St. |
| DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE | The state of the s |
| RACE: WIDOWED, DIVORCED, (Specify): 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RACE: WIDOWED, DIVORCED, (Specify): OR INDUSTRY: | Months Days Hours Min. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | 17, INFORMANT & ADDRESS: |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/ X IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) OUT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Interval Between ONSET AND DEATH Interval Between ONSET AND DEATH Interval of Interval Between ONSET AND DEATH INTERVAL BETWEEN DEATH DEATH INTERVAL BETWEEN DEA |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| OF INJURY | 21F. HOW DID INJURY OCCUR? |
| SIGNATURE Jary Jan. D. M. D. | , 1955, to 6/3, 1955, that I last saw the deceased 3A, M, from the causes and on the date stated above. ADDRESS DATE SIGNED (State) ERY OR CREMATORY TOCATION (City, town, or counts) (State) |



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Sensor Black Sechion

| MARYLAND STATE DEPARTMENT OF | HEALTH-BALTIMORE, 18 | Reg. Dist. |
|--|--|----------------------------------|
| MEDICAL EXAMINER'S CER | TIFICATE OF DEATH | No |
| 1. PLACE OF DEATH: ^ | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Prince Georges MARYLAND | STATE MERILANDUNTY P. S. | |
| CITY (If outside corporate limits, write RUKAL LENGTH OF STAY OR and two nearest town) | CITY (If outside corporate limits write RURAL and | give nearest town) |
| OR and twe nearest town) TOWN Sin this place) | TOWN CONTRACTOR | X |
| HOSPITAL OR OR INSTITUTION OR STREET ADDRESON Walter young farm | STREET ADDRESS Wheter your Fan | / |
| 3. NAME OF (First) DECEASED: (Type or Print) Decease (Type or Print) Decease (First) Dece | Buchler 4. DATE (Month) (Day | |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWRD, DIVORCED, WIDOWRD, DIVORCED, Excity | 73 yrs. Months Da | |
| 10a. USUAL OCCUPATION (Give kind of present of work life, INDUSTRY: | R 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: Oliver Buchler | 14. MOTHER'S MAIDEN NAME: | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: | el L |
| 18. MEDIC | AL CERTIFICATION | micson, " |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | A A | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) acute Con | gestice heart tailing | ONDEL AND DEATH |
| DUE TO . | | |
| Antecedent cause(s) Diseases or conditions, if any, (b) | cular renal deserro | |
| giving rise to the above cause DUE TO stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No |
| 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. | , 21c. (City or town) (County) | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I took charge of the remains describ | oed above, held an Autopsy 🗌 , Inspection 🕒 , | Inquiry , and |
| find that death resulted from: Natural causes , Accid | lent ☐, Suicide ☐, Homicide ☐, Undeter CHIEF MEDICAL EXAMINER ☐ | mined cause []. |
| James J. Trand | M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. | 6.26-17 |
| 22. BURIAL, CREMATION, DATE THEREOF NAME OF DEMETER REMOVAL (Specify): 6-27-55 Af Mary | 's Bryantown | and_ |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| 6.21.55 thankoff | 1 Hould + 1 you townal Home, | Walday |
| of the litelless walnut | V | 7- 11 |



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VS. A15

1955 JOS NUL

BECENED

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 7 1-2

| I. PLACE OF DEATH- COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY | 47x-3 |
|---|---|------------------------|
| CITY (If outside corporate limits, write RURA) and LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give OR TOWN | e nearest town) |
| HOSPITAL OR TO INSTITUTION OR 445.0 While Hall W | STREET ADDRESS // 4 - 3 (II for a give location) | 1EV |
| 3. NAME OF DECEASED (Type or Print) (Middle) | (Last) 4. DATE OF DEATH (Month) | (Day) (Year) ス 19ゴリ |
| SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 9-17-1887 67 yrs. Months. | |
| 10a. USUAL OCCUPATION (Give kind of work done byring most of working life, even is actived) 10b. Kind of Business or Industry | Wash D. C | COUNTRY OF WHAT |
| 13. EATHER'S NAME Butterbaugh | 14. MOTHER'S MAIDEN NAME May Barnes | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service) | distribute Application 13 3 Q D | 1 LE Wase |
| IS. MEDICAL CE | RTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 7 - 1 - 1 - 1 | ONSET AND DEATE |
| 260 Immediate cause (a) Vicatee | to Mellities | |
| Antecedent cause(s) | 1 Planning | TXCZ-730 |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | Jea Charl | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | yo cardites | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 0 20 - | | Yes No 1 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | 1, 1955, to Jone 3,955, that I last s | aw the deceased |
| | ND 301-BnE | DATE SIGNED |
| REMOVAL (Specify) 6/4/1953 my 0- | RY OR CREMATORY LOCATION (City, town, or count | . D.C. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROGRESS & 1955 Edua F. Felico | John Director | ADDRESS ADDRESS |
| | 1 Jo was | L D.C. |

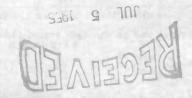
SG6I 9 NOC

BECEINED

LAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ICATE OF DEATH Reg. Dist. No. carefully legibly. I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY corporate limits, write RURAL and give nearest town (in this place) and and gire nearest town) OR information TOWN TOWN ale HOSPITAL OR STREET clearly (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS (Middle) (Last) 3. NAME OF DATE (Month) (Day) death (Year) DECEASED OF (Type or Print) DEATH: 19 item COLOR OF SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday AF UNDER ! YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED of Months Days Hours Min. (Specify): every causes 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS (State or foreign country) : | 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): upply the 13. FATHER'S NAME MOTHER'S MAIDEN NAME Correction S IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. WF (Yes, no, or unk.) (If Yes, give war or dates Z se of service) ea 5 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DIN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d ONSET AND, DEATH 1 sicians (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, (B) Phy GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) 3 important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Z 19B. MAJOR FINDINGS OF 19A. DATE OF OPERATION: 20. AUTOPSY' YES NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) 田 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 3 While Not while OF INJURY at work at work .03 0 22. I hereby certify that I attended the deceased from Wel1955, that I last saw the deceased 6 8 alive on 30 , 19 55, and that death occurred at 5 - M, from the causes and on the date stated above. orrect SIGNATURE ADDRESS DATE-SIGNED M. D 回 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CE LOCATION (City, S MATORY town, of county) (State) REMOVAL (SPECIFY) 国 DATE REC'D BY LOCAL EGISTRAR'S SIGNATURE 24: FUNERAL DIRECTOR ADDRESS REGISTRAF

DECENTED

BUREAU V S



| XX | 9 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () | 5842 | | |
|---------|--|--|----------------------|--|--|
| . / | y. Th | 5832 CERTIFICATE OF DEATH Reg. Dist. | No. 23/ | | |
| 11 | ly. | I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | |
| 1 | tion carefully. | COUNTY Prince Georges MARYLAND CITY (If outside corporate limits write RURAL LENGTH OF STAY (in this place) OR and give nearest town) TOWN COUNTY Prince COUNTY Prince COUNTY Prince CITY(If outside corporate limits, write RURAL an OR TOWN) TOWN STATE M. COUNTY Prince CITY(If outside corporate limits, write RURAL an OR TOWN) TOWN STATE TOWN TOWN STATE TOWN STATE TOWN STATE TOWN TOWN STATE ST | d give nearest town) | | |
| | atic | 10 days sear / reasant | X | | |
| M, | information clearly and | 77 STREET ADDRESS Trince Georges Gen. Hospital ADDRESS 6414 Grieg Street | . / | | |
| V | of i | 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Did DECEASED: | | | |
| X | de m | Type or Print) Clarence Coley DEATH: 6 | 1955 | | |
| P | y ife | Male White WIDOWED DIVORCED 7-4-07 Tyre Months Da | ys Hours Min. | | |
| 5NG | y every causes | evillation for for for forther direction of the forther direction of th | OUNTRY? | | |
| BINDIN | Supply te the c | Richard H. Colly Tunksour | | | |
| FOR E | K. | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes poor unk.) of yer production of services of service | | | |
| D | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN | | |
| RESERVE | Ö | 420.1 Agent Porce Conditions Directly Leading to Death | ONSET AND DEATH | | |
| SE | ans | IMMEDIATE CAUSE (A) //CLUYE 11/90 CARACAL TIPE COLON | | | |
| RE | UNF | DISEASES OR CONDITIONS, IF ANY. (B) Cirturio Actura La Carlo Charaller | | | |
| ARGIN | WITH UNFAI it. Physicians: | STATING UNDERLYING CAUSE LAST. DUE TO | | | |
| < □ | nt. ₩ | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | |
| terms (| AINLY, Wimportant. | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| | ATT | 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | |
| | | | YES NO | | |
| | WRITE PI especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 1NJURY OCCUR? (County of town) | (State) | | |
| 1 | | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | | | |
| | 0 e s | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | saw the deceased | | |
| o - 01 | allye on 6, and that death occurred at 7 m, from the causes and on the date state ADDRESS DATE SIGNATURE | | | | |
| - CIA | EAS | 23. BURNAL, CREMATION DATE THEREOF NAME OF COMETERY OF CREMATORY LOCATION (Car. town, or BOMOVAL SPECIFY) | county) (State) | | |
| ń ^ | PL | DATE RECID BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR 5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/ | ADDRESS SE | | |

2561 63 NNC

DEL TERRE

5833

SE

REGISTRAR

20. AUTOPSY? NO T (County) (State) 22. I hereby certify that I attended the deceased from 5-14-, 1953, to 6-22-, 1955 that I last saw the deceased alive on 6-22, 1955, and that death occurred at 2:25AM, from the causes and on the date stated above. SIGNATURE OATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION. REMOVAL (SPECIFY) June 27/1955 Arlington Nat'l Cem. Arlington, Va. Burial 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S W.W. Chambers Company, Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 230

(Day)

COUNTRY?

USA

ONSET AND DEATH

(Year)



M

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 245

| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED. | v 6. 01. |
|--|--|--|
| MARYLAND | Maryana | Tunce Ray |
| CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and giv | ve nearest town) (/ |
| X TOWN Claubhe 1 2 years | TOWN Caleph | X |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 8901 Regg. Road | STREET ADDRESS 8901 Regge Cond. | |
| 3. NAME OF JAMES (Middle) DECEASED JAMES | (RONISE OF DEATH UND | (Day) (Year) 22 1955 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | S. DATE OF BIRTH 9. AGE last birthday If under | 1 year If under 24 hrs. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY THE FARMING | 11. BIRTHPLACE (State or foreign country) 12 | COUNTRY OF WHAT |
| 13. FATHER'S NAME OF Cronise | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service) | 17. INFORMANT AND ADDRESS 8 901 Rage Pa | ! adelphi, Wd |
| 18. MEDICAL CE | PTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 - | ONSET AND DEATH |
| 420.1 COLOUANIA | oslurios | 7.4hours |
| Immediate cause (a) | | |
| Antecedent cause(s) | · (/n. | 44 |
| Diseases or conditions, if any, (b) | Lerosis | Many glar |
| giving rise to the above cause stating the underlying cause last | | 31 |
| (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | COUNTY ON TOWN | Yes No No |
| 21. ACCIDENT (Specify) SUICIDE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work | HOW DID INJURY OCCUR? | |
| | , 19.50, to June 2/, 1955, that I last s | ans the decrees |
| 22. I hereby certify that I attended the deceased from | , 19.50., to.,, 195.5, that I last s | saw the deceased |
| | 5:10 a.m., from the causes and on the date st | ated above. |
| JSIGNATURE. andrews Miss. 960 | 1 colesvelle Rd Silver Spring hid | 6-22-55 |
| REMOVAL (Specify) June 24, 1955 Rock Creek | Cemetry Dashington, | D.C. |
| DATE REC'D BY LOCAL KREGISTRAR'S SIGNATURE REG. 213 1955 MAA - CONCRETE TO THE PROPERTY OF THE | 21. FUNERAL DIRECTOR Clars, 254 Car | rul 42W |
| | // | rach: 110 |

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77775

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5834

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D; |
|--|---|--|
| COUNTY Times Derge MARYLAND | STATE Mary Proporty Prin | . Done |
| CITY (If outside corporate limits, write KURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL a | and give nearest (own) |
| 38 TOWN (Loverly) and (in this place) | OR TOWN Glan Arden | × |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Puna Day Jan Hay | STREET (If rural give location) | 7 |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) | (Last) 4. DATE (Month) OF* DEATH: Una | Dhy) (Year) |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | OF BIRTH: 9. AGE last birmday FUNDER 1. | |
| IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: | |
| 18. MEDICAL CERTIFICAT | TION | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| IMMEDIATE CALIFE (A) Cristra | al homorpage | 2 days. |
| IMMEDIATE CAUSE (A) DUE TO | ce romaronage | - The state of the |
| ANTECEDENT CAUSE (8) | sa transit | 1 un + |
| GIVING RISE TO THE ABOVE CAUSE DUE TO | - Constitution | - grav |
| STATING UNDERLYING CAUSE LAST. | schroelsetii Carloviii | 71.6 |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | 1 | moun |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | acres | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO | N | 20. AUTOPSY? |
| 0 | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ctory. 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR? | ty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work | D 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 6/3 | 19 55 to 6/5 1955 that I last | saw the deceased |
| alive on | M, from the causes and on the date | |
| f | 1. D. 5102 anny Rd. Bladenby | 01-01 |
| 23. BURIAL, OREMATION, DATE THEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town, or | county (State) |
| Dung 6/9/50 41P 12 | 1 24 / FUNERAL DIRECTOR | ADDRESS |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | | |

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

The

Supply every item of information carefully

S. A15 - 10 - 53

Ock to get Permit
after Taking Body (mes Davis)
From P. St. Hospital
V. Lugton R. N.

BUREAU V. S.

SS61 6 NOT .

BECENED

-MAROLLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Item 8 Film G183 6/27/55 b Reg. Dist. No.0 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED legibly COUNTY Prince GEOTGE STATE MG. COUNTY Pr. GEOTAR MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY TOWN and give nearest town) and (in this place) information TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS clear STREET ADDRESS rince Georgeiben. Hosp. (First) (Middle) (Last) NAME OF 4. DATE (Day) (Year) death DECEASED: OF (Type or Print) Kale Dev DEATH: 1955 item COLOR OR 17. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED, RACE: of Months (Specify): every 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country): |12. 108. KIND OF BUSINESS CITIZEN OF WHAT caus work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): pply Jone the 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Sul write 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 17 INFORMANT & ADDRESS K. (Yes, no, or unk.) (If Yes, give war or dates of service) se DING 18. MEDICAL CERTIFICATION d DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH V IMMEDIATE CAUSE UNF sician DUE TO/ ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, Phys (B) MARGIN TH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. 3 (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AIN 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY PI 21A. ACCIDENT WAS UNDERLYING | 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) RITE OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while M While OF INJURY at work at work 3. X 22. I hereby certify that I attended the deceased from ween / 8 , 1955, that I last saw the deceased 0 回 M, from the causes and on the date stated above. alive on , and that death occurred at // C TY SIGNATURE 23. BURIAL, CREMATION. NAME OF CEMETERY W

DATE REC'D BY

REGISTRAR

LOCAL

BUREAU V. &

3961 OS NUL

BECEINED

05847

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | 2 | | | |
|-------|------------------------------|---|--|---|
| | 6 | I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | , |
| XI | Th y. | COUNTY COOLS MARYLAND | STATE Flanda COUNTY Dad | |
| () | .ioi | CITY (If outside corporate mits, wate RURAL LENGTH OF STAY | CITY (If outside corporate limits write RURAL and | give nearest town) |
|) j | carefully. The and legibly. | OR and give negrest town) (in this place) | TOWN W Jame | 48x-3 |
| -/ | ref | HOSPITAL OR | STREET (If rural, give location) | 1000 |
| 1 | ar | WINSTITUTION OR 7 A 111 WAS TO THE TOTAL OF | ADDRESS 1795 - 16 4 2 1 | 01/ |
| 2 | Ly on | STREET ADDRESS 3 219- Water viace | 1113 10 31.1 | 2. 4.1 |
| X | information death clearly | 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day | (Year) |
| | 20 | (Type or Print) Tomus Courand of L | whenst DEATH 6-8 | 1955 |
| | 다 다 다 | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 8. DATE | | |
| | in | Mall William (Specify): Wadowd In | M dth [88] /2 yrs. | Ays Hours Min. |
| | n of i | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF Work done during most of work life, INDUSTRY; | R 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| N | s o | Retrail rolling Dat College 7-5. Sort - | England | U.S.A. |
| DI | ite | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN, NAME: | |
| Z | ery iter | The Aberra | Margaret 9. tohunga | |
| M | e e | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: 3214- | Desertes |
| FOR | the state of | (Yes, no, or unk.) (If Yes, give war or dates of service) | 1 h L mille | 1-4-11-11 |
| F | te | service) | mis. W. Lew mirst - | |
| A | Suppl | | L CERTIFICATION | INTERVAL BETWEEN |
| | | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | A | ONSET AND DEATH |
| | INK. | Immediate cause (a) Coronary to | hombosis | |
| SI | I d | DUE TO | | |
| RESER | NG. | Antecedent cause(s) | denonio | |
| 7 | an | Diseases or conditions, if any, (b) | | ** ************************************ |
| ARGIN | UNFADING Physicians: | giving rise to the above cause DUE TO stating underlying cause last | | |
| R | N | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| MA | DE | TO THE DEATH BUT NOT RELATED TO THE | mis of gall bladder with the | 1.1 tr : - : |
| , | , WITH | DISEASE OR CONDITION CAUSING DEATH. | ma of gast waster more our | |
| | tal | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| | No. | | (0) | Yes No 🗆 |
| | in', | 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY □ or CONTRIBUTING □ OF street, office bldg., etc. | 21c. (City or town) (County) | (State) |
| 1 | Ä. | CAUSE OF DEATH. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED | 1 21f. HOW DID INJURY OCCUR? | |
| | A E | OF While at Not while | 211. HOW DID INSURT GCOOK! | |
| | PLAINI pecially | INJURY M. work at work | | |
| | E E | 22. I hereby certify that I took charge of the remains describ | ded above, held an Autopsy , Inspection | , Inquiry A, and |
| | - | find that death resulted from: Natural causes 54, Accid | tent [], Suicide [], Homicide [], Undeter | rmined cause []. |
| | RI | SIGNATURE (1) | DEPUTY MEDICAL EXAMINER | DATE SIGNED |
| | Se W | Hohm J. Maloney Malboulle, Med) | M. D. ASSISTANT MEDICAL EXAM. | 6-9-53 |
| | SE | 23. BURIAL, CREMATION, DART THEREOF NAME OF CEMETER | ty OR CREMATORY LOCATION City, town, or ec | ounty) (State) |
| 4 | A . | Genation June 10/90 + or Il | waln colman mas | nor mo. |
| 3 | E L | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR | ADDRESS |
| | a X | me 16,1913 Kenny Devery | It clasels los syattrille | wy. |
| ; | 1 | . // | | |



CERTIFICATE OF DEATH

5881

Reg. Dist. No.

115848

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | D: |
|--|---|------------------|
| COUNTY PRINCE GEORGE MARYLAND | STATE MARYLAND COUNTY PRINC | E GEORGE |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | | |
| OR and give nearest town) (in this place) | OR (A A) | |
| A THE TENTO | 19/12/11/10 11/KC | |
| HOSPITAL OR INSTITUTION OR / / / / / / | STREET (If rural give location) | / |
| STREET ADDRESS 6604 A 31 | 6604 A St | |
| 3. NAME OF (First) (Middle) | | Day) (Year) |
| DECEASED: (Type or Print) BENJAMIN FRANKLIN | DIXON DEATH: LUNE | 4 1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED, | | |
| MHITE (Specify) MARRIED NOV. | 1 9 1882 72 yrs. Months E | lays Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHA |
| work done during most of working life, even if retired): CALPENTER | CALVERT CO. MARVIAND | COUNTRY |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | CON. |
| BENJAMIN FRANKLIN DIXON | SUZANNE PHIPPS | |
| 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates | BOWIE DRON - 660+AST | Magazin De- |
| // No of service) | I SOWIE DIXON - GOVERSE | MAJEKLAND TAR |
| 18. MEDICAL CERTIFICAT | TION | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) | emia | 12uk |
| ANTECEDENT CAUSE (S) | 1 | / |
| DISEASES OR CONDITIONS, IF ANY, (B) CALLEDON | in of prostate | 6 mas |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | 0 | |
| (C) | | - ST - A - |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | AI. | |
| 194. DATE OF OPERATION: 198. MAJOR PINDINGS OF OPERATIO | | 20. AUTOPSY? |
| O NONE | | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | etory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR? | ty) (State) |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | D 21F. HOW DID INJURY OCCUR? | |
| OF INJURY While Not while | 21F. HOW DID INJURY OCCUR? | |
| | | |
| 22. I hereby certify that I attended the deceased from | | |
| alive on June 3, 19 53, and that death occurred at | ADDRESS ADDRESS | stated above. |
| 1 by the big of the control of the c | A.D. 6124 Central line. Capt The | to med. 14/5. |
| 23 BURIAL CREMATION, DATE THEREOF NAME OF CENET | TERY OR CHEMATORY LOCATION (City, town, b) | (State |
| Sunar 10/6/10 mm | IND Just | A |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR | ADDRESS A |

MARGIN RESERVED FOR BINDING

VS. A15-

PLEASE TYPE OR WRITE PLAINLY, WITH

BUREAU V. S.

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BUREAU V. S.

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WRITE

TYPE

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A15-10-53

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| | maryland 5816 |
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| legibly. | 1. PLACE OF SEATH: COUNTY OF THE SEATH: CITY (If outside corporate limits, of |
| arly and | STOWN Spallenile HOSPITAL OR WINSTITUTION OR WINSTITUTION OR WINSTITUTION OR |
| causes of death clearly and legibly | 3. NAME OF (First) DECEASED: (Type or Print) / YARY CA |
| ses of d | 10A. USUAL OCCUPATION (Give kind of |
| the can | work done during most of working life, even if retired for sure [13. FATHER'S NAME: |
| se write the | 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or dat of service) |
| s: please | I DISEASES OR CONDITIONS DIRECT |
| Physicians: | ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE |
| - F | STATING UNDERLYING CAUSE LAST. |

OTHER SIG TO THE DE

DISEASE O

| MARYLAND STATE DEPARTMENT O | F HEALTH—BALTIMORE 18 | 05849 |
|---|--|------------------|
| 5316 CERTIFICATE O | | No. 2145 |
| Bree Terrais | STATE COUNTY COU | Lenger |
| give nearphy town) (in this place) | CITY(If outside corporate limits, write RURAL sno | gve nestest town |
| ON OR 4106 micholson SI | ADDRESS 4106 Relocation) | st! |
| int) /YARY CATHERINE DORN | | 18, (Yesr) |
| white Speciaring July 17, | 1869 9. AGE last birth Months Day | Hours Min. |
| CCUPATION (Give kind of uring most of working life, or INDUSTRY: | 11 | OUNTRY? |
| | MOTHER'S MODEN NAME: N | undts |
| EYER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO) (If Yes, give war or dates of service) | informant a ADDRESS: Hyalla | ville mf |
| 18. MEDICAL CERTIFICATION OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN |
| DIATE CAUSE (A) Corelevel V. | escular Rocident | mundet |
| CONDITIONS, IF ANY. TO THE ABOVE CAUSE DERLYING CAUSE LAST. (B) Hypertensis | Carlie Vascular Dirace | 5 yrs. |
| CC) WIFICANT CONDITIONS CONTRIBUTING ATH BUT NOT RELATED TO THE R CONDITION CAUSING DEATH. | Kerosis | 10 yes |
| PERATION: 198. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | 21c. WHERE DID (City or town) (County) INJURY OCCUR? | (State) |
| nth) (Day) (Year) (Hour) 21E INJURY OCCURRED 2 While Not while at work at work | F. HOW DID INJURY OCCUR? | |

19A. DATE OF C 21A. ACCIDENT

(IF EITHER, NOT 21D. TIME (Mor

22. I hereby certify that I attended the deceased from March, 1954, to June, 1955, that I last saw the deceased age 1955, and that death occurred at 4:30 A M, from the causes and on the date stated above.

ADDRESS DATE SIGNED alive on correct SIGNATURE

CREMATION,

REC'D LOCAL REGISTRAR'S

(SPECIFY)

BUREAU V. S.

INVASED FOR A LUMBER PRINTED

JOSE 1955

BECEINED

VS. A15A - 5 - 53

5837 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| 0 | 58 | 5 | 1 |) |
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| | . Di | | | |

| MEDICAL | EYAMINER'S | CERTIFICATE | OE | THATH | 3.7 |
|-----------------|-------------|-------------|----|-------|-----|
| VI PALITIC ALLA | DAAWII VINK | | | MAN | No |

| MEDICAL EXAMINER'S CER | RTIFICATE | OF | DEATH | No. 245 |
|--|--------------------------|-------------------------------|-----------------------|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE | (HOME) | OF DECEASED: | |
| COUNTY (MICE SCOTES MARYLAND | STATE MA | CO | INTY Prince | e George |
| CITY (If outside corporate limits, write RURAL LENGTII OF STAY OR and give nearest howy) | CITY (If outside co | rporate lim | its write RURAL and | d give nearest town) |
| TOWN Reverdale D.O.G. | TOWN 1 Jya | Usr | lle | 15 |
| HOSPITAL OR JUSTITUTION OR Seland Memorial Hosp | STREET ADDRESS 1516 | - 000 | rural, give location) | t., 303. |
| | (Last) | 4. DATE OF DEATH | (Month) (Day | |
| RACE: WIDOWED DIVORCED. | TE OF BIRTH: 9. | AGE last | | YEAR IF UNDER 24 HRS. |
| Wall White (Specify): Single (4. | -24-55 | | yrs. | 181 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS (INDUSTRY: | Mary | and | oreign country): 12 | COUNTRY? |
| 13. FATHER'S NAME: But Dum | 14. MOTHER'S MAIDE | Mar. | y Helly | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & AD | DRESS: | n addres | 2 |
| 18. MEDIC | CAL CERTIFICATION | 2000 | | 1 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last | himonlag | <u>.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | | | 20. AUTOPSY? Yes \(\text{No } \(\text{S} \) |
| PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. | c., Hyallsul | le 1 | Pr-Sid-/ | (State) Md. |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work [| Herronhage | homs | untilical e | nd. |
| 22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes , Accessionature | ident , Suicide CHIEF I | , Homio MEDICAL MEDICAI | | , Inquiry ☑, and rmined cause □. DATE SIGNED |
| 2%. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify): 125/55 Mf. Oh | CRY OR CREMATORY | | N (City, town, or co | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRE | TOR | 2 Hratt | ADDRESS mel. |
| 10A5913255 | 4 | | 1 | |

BUREAU V. K.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. 24 |
|---------|------------|-------------|----|-------|--------|
|---------|------------|-------------|----|-------|--------|

| I. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HO | OME) OF DECEASED: | |
|--|---|--|---|--|
| 0. | Courses MARYLA | Treas. | SOUNTY Prine | G |
| CITY (If outside corporate) | | | ate limits write RURAL and | d give nearest town |
| OR and give nearest to yn | ind 5 dis | place) OR TOWN | A THE ROLL AND | I Rive hearest com |
| HOSPITAL OR | 1300 | STREET | come | |
| INSTITUTION OR STREET ADDRESS 2 | 3 Lakewood | ADDRESS 2203 | Joleewood | She |
| 3. NAME OF DECEASED: (Type or Print) | rady Dudl | | ATE (Month) (Day FATH | (Year) 8 19 53 |
| 5. SEX: 6. COLOR O. RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. SATE OF BIRTH: 9. AGE | last birthday: IF UNDER 1 Months D | year IF UNDER 24 H ays Hours Min |
| 10a. USUAL OCCUPATION (voil done during most | Give kind of 10b. KIND OF BUS of work life, INDUSTRY: | INESS OR MI. BIRTHPLACE (State | e or foreign country): 12 | CITIZEN OF WIL |
| 13. FATHER'S NAME: O. | Earlewine | 14. MOTHER'S MAIDEN N | eraling St | richli |
| 15. Was Deceased Ever In U.S (Yes, no, or unk.) (If Yes, give service) | | 745 Production of Address | Earlour | 14-4-0 14 |
| | Y | MEDICAL CERTIFICATION | | 1 |
| | | . MEDICAL CERTIFICATION | | |
| I. DISEASES OR CONDITION | S DIRECTLY LEADING TO DEAT | | 0 1 % | |
| I. DISEASES OR CONDITIONS HH 2 X Immediate cause | s directly leading to deat | | leart fails | INTERVAL BETWEE |
| 442X | S DIRECTLY LEADING TO DEAT | | least failu | |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a | (a) acute DUE TO COLOR (b) Cardi | | heart faile | |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above c | (a) Cute DUE TO Ony. (b) Carde | | rear fails | |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above causeing underlying cause | (a) Coule DUE TO Ony, (b) Coule ause DUE TO | | eartaile | |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above constating underlying cause IL OTHER SIGNIFICANT COUTO THE DEATH BUT TO THE DEATH BUT TO DISEASE OR CONDITION | (a) | congestive t | eer fails | |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above constating underlying cause IL OTHER SIGNIFICANT COUTO THE DEATH BUT TO THE DEATH BUT TO DISEASE OR CONDITION | (a) | Congestine to | eer fails | |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above constating underlying cause IL OTHER SIGNIFICANT COUTO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUT CAUSE OF DEATH. | (a) | ATION: n, factory, bldg., etc., 21c. (City or town) | County) | ONSET AND DEA |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above c stating underlying cause IL OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WAS | (a) | ATION: n, factory, bldg., etc., 21c. (City or town) | | ONSET AND DEA |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above c stating underlying cause II. OTHER SIGNIFICANT COLTO TO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUT CAUSE OF DEATH. 21d. TIME (Month) (Day) (SOF INJURY) 22. I hereby certify that | (a) | ATION: n, factory, bldg., etc., 21c. (City or town) RRED twhile work 21f. HOW DID INJURY to while work 12f. HOW DID INJURY | occur? | 20. AUTOPSY2 Yes No (State) |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above c stating underlying cause II. OTHER SIGNIFICANT COLTO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUT CAUSE OF DEATH. 21d. TIME (Month) (Day) (Note of the control of th | (a) | ATION: ATION: ATION: ATION: ATION: ATION: ATION: ATION: ACCIDENT 21c. (City or town) ATION: ACCIDENT 21f. HOW DID INJURY ACCIDENT , Suicide , I | occur? | 20. AUTOPSYY Yes No [(State) |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above c stating underlying cause II. OTHER SIGNIFICANT COLTO TO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUT CAUSE OF DEATH. 21d. TIME (Month) (Day) (SOF INJURY) 22. I hereby certify that | (a) | ATION: a, factory, bldg., etc., RRED twhile work 21f. HOW DID INJURY twhile work Chief MEDI DEPUTY ME | OCCUR? ppsy , Inspection Homicide , Undete | 20. AUTOPSYY Yes No [(State) |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above c stating underlying cause IL OTHER SIGNIFICANT COLTO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUT CAUSE OF DEATH. 21d. TIME (Month) (Day) (YOF INJURY) 22. I hereby certify that find that death result SIGNATURE | (a) | ATION: a, factory, bldg., etc., bldg., etc., while work 21f. HOW DID INJURY to while work S described above, held an Auto, Accident Suicide , Accident CHIEF MEDI DEPUTY ME M. D. ASSISTANT | OCCUR? DPSY, Inspection Homicide, Undete CAL EXAMINER DICAL EXAMINER MEDICAL EXAM. | 20. AUTOPSY: Yes No (State) No (State) |
| Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above c stating underlying cause IL OTHER SIGNIFICANT COLTO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUT CAUSE OF DEATH. 21d. TIME (Month) (Day) (Note of the control of the | (a) | ATION: a, factory, bldg., etc., RRED twhile work 21f. HOW DID INJURY twhile work Chief MEDI DEPUTY ME | OCCUR? ppsy , Inspection Homicide , Undete | 20. AUTOPSY Yes No [(State) / Inquiry 1. / Inquiry 1. |

Carrie J. Camples

VS. A15A - 5 - 53

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CERTIFICATE OF DEATH Reg. Dist. No. Ttem 2 FilmG182 6-16 -55 et 2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: COUNTYPRINCE GEORGE'S COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL and give nearest town CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)
TOWN HYATTSVILLE (in this place) OR TOWN Washington. VIS. (If rural give location) STREET INSTITUTION OR SACRED HEART HOME ADDRESS 2n STREET ADDRESS 5805 Queens Chapel Road 4. DATE (Month) (Day) (Year) 3. NAME OF (Last) (Middle) (First) OF DECEASED: AGNES EDWARDS 19 55 DEATH: (Type or Print) 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: Days RACE: Months Hours (Specify): Single 7-22-66 Female | White 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT INDUSTRY: 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Florida Seamstress 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: J.G. W. Edwards Mary Alice Odar 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Sacred Heart Home REEN (Yes, no, or unk.) (If Yes, give war or dates of Records service) 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Concestive heart failure (a) Immediate cause DHE TO Antecedent causes (s) Artero-sclerotic heart disease vears Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No (STATE) (CITY OR TOWN) (COUNTY) 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) SUICIDE office bldg., etc.) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? Not While While at INJURY At Work Work [22. I hereby certify that I attended the deceased from June 1953, to June 1955, that I last saw the deceased 5. and that death occurred at 9:30 AM, from the causes and on the date stated above. alive on June... DATE SIGNED ADDRESS SIGNATURE (Degree or title) June 10, 19 Street. LOCATION (City, town, or county) 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 14 June 55 Mt Mt. Olivet Cometery Washing DATE REC'D BY LOCAL St. NW sollin Wash.

BECEINED

SGGI EI NOC

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

| mog. Diber Liourname | Reg. | Dist. | No. 2 4 |
|----------------------|------|-------|---------|
|----------------------|------|-------|---------|

| 1. PLACE OF DRATH. | 2. USUAL RESIDENCE (HO | | , |
|--|------------------------------|-------------------------------------|-------------------------------------|
| Trince Seoro en MARYLAND | stated. | Prince | leaseon |
| CITY (Doutside corporate limits write RURAL and LENGTH OF STAY OR (in/this place) | OR (Il outside corporate | limits, write RURAL and give | e nearest town) |
| Tomanom P.U. BOX 11 10910. | TOWN dank | am P.O. B | 0X 11 X |
| HOSPITAL OR INSTITUTION OR | STREET ADDRESS | (If rural, give location) | 1 |
| STREET ADDRESS | | | |
| 3. NAME OF (First) (Middle) | | 4. DATE (Month) | (Day) (Year) |
| (Type or Print) FI STAK INOMAS ES | ssex | DEATH JUNE | 12 19.55 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spaintage) | 8. DITE OF BIRTH 9. | AGE last hirthday If under Months | Days Hours Min. |
| 10e, USUAL OCCUPATION (Give kind of work 10b. Kind of Business on the buring most of working like again if retired) | 11. BIRTHPLACE (State of for | | GOUNTRY? |
| 13. FATHTR'S NAME | 14. MOTHER'S MAIDEN N | AME | |
| John W Essex | alice Si | meman | m |
| 15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND A | DDRESS | , |
| (Yes, ico or unknown) (If yes, give war or dates of service) | MATTIE I.ES | 50x-1,0,00x 1 | 1-LANHAM |
| 18. MEDICAL CEI | RTIFICATION | | 1. 100 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| 420 1 Monte Coronar | 2000 | | 10 90:1 |
| Immediate cause (a) Luciule Colonial | y occurre | | 10 Men. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | fris-Che Coron | my disease | 6 years? |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | 00 | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY! |
| | | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY | (CITY OR TO | WN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While | HOW DID INJURY OCCU | R? | |
| INJURY m. Work At work | | | |
| 10/15 | 1047. 1/12 | 1055 11 | es este satisfica |
| 22. I hereby certify that I attended the deceased from 10/15 | , 1947, to 6/12 | , 192, that I last a | aw the deceased |
| alive on 6/11, 1955, and that death occurred at / | | uses and on the date st | |
| SIGNATURE: (Degree or title) | ADDRESS | 7 . 0 . | DATE SIGNED |
| to Jones Hendel Ald. | College 10 | uk And | 6/13/55 |
| 23. BUSHAL, CREMATION DATE THEREOF NAME OF CEMETER | BY OR CREMATORY LO | ATION (City, town, or sound | (State) |
| 1902 192 6/15/195 CEDAR H | 46 Com. 5 | | rolly Ma |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24, FUNERAL DIRECTOR | 10 1 | ADDRESS |
| REG. 14-55 Con J. Con 1600 | WIW. CHAN | BORS LANG | innance 14 |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU Y. S.

91 NN

DECENTED

MARGIN RESERVED FOR BINDING

V.S.

2065345382

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5838

| CERTIFIC | ATTT | OF | TOTAL | TI |
|---|------|----|----------------|----|
| / | P-1 | | B 2 B 1 A 6-10 | |

Reg. Dist. No. 231

05854

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: HOWARD |
|--|---|
| La Cara | M. , HAIIIIIMILIIII |
| COUNTY PLACE SECRET MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| OR and give nearest town) (in this piace) | OR £ |
| Strown Cheverly 21 hrs | TOWN DAURGE. 13X-2 |
| HOSPITAL OR | STREET (If rural give location) |
| TINSTITUTION OR STREET ADDRESS | ADDRESS |
| AINCE GOO. GEN 1915 | · · · · · · · · · · · · · · · · · · · |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) 3AD4 1304 -e | PESER DEATH: VUNE 11 1955 |
| | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. |
| male. RACE: WIDOWED, DIVORCED. 10 Ju | |
| IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| M. Carre | At FT. |
| 1110NROCFEESER | Colherine Frilz |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: |
| 18. MEDICAL CERTIFICAT | TION |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TION INTERVAL BETWEEN ONSET AND DEATH |
| 7/0/ | ONSET AND BEATH |
| 107 IMMEDIATE CAUSE (A) Pulmonary | hyaline newbrene 6/16/55 |
| ANTECEDENT CAUSE (S) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO | (atélecteur) " |
| STATING UNDERLYING CAUSE LAST. | 1 1-1+ 1 |
| (C) Moternal | decheles nellities |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N 20, AUTOPSY? |
| | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | etory. 21c. WHERE DID (City or town) (County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY White Not while at work at work | D 21F. HOW DID INJURY OCCUR? |
| | |
| | 0, 1955, to 6/1/, 1955 that I last saw the deceased |
| alive on 1955, and that death occurred at | ADDRESS DATE SIGNED |
| | 1. D. College Park 6/11/55 |
| REMOVAL (SPECIFY) | TERY OR CHEMATORY LOCATION (City, town, or country) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 1) 24. MINERAL DIRECTOR 1) ADDRESS |
| RESISTRAN | Hams (1) Venn (6) |

BUREAU V. E.

.NN 50 1822

SE REGION LONG STREET TO THE SERVICE WAYS IN THE STREET

CO LIMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE

(B) DUE TO (C)

DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

While

at work -

DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION:

STATING UNDERLYING CAUSE LAST

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

BY LOCAL

22. I hereby certify that I attended the deceased from 6

alive on SIGNATURE

DATE REC'D

BURIAL, CREMATION DATE REMOVAL/ (SPECIFY)

55

21B. PLACE (Home, farm, factory.)

21E INJURY OCCURRED

Not while

at work

ADDRES

, and that death occurred at 80 ADDRESS M. D. NAME OF CEMETERY OR CREMATORY LOCATION 102 FUNERAL DIRECTOR

INJURY OCCUR?

19 5 5 to

4 50 PLEA

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BUREAU V. S.

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| MARYLAND STATE DEPARTMEN | IT OF HEALTH—BALTIMORE 18 | 05855 |
|--|---|--|
| W | | 243 |
| 5884 CERTIFICATE | L OF DEATH Reg. Dist. | No |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| county Prince Georges MARYLAND | STATE D.C. COUNTY | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and | give nearest town) |
| X TOWN Glenn Dale (rural) 1 yr. &2 mos. | OD | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital | TOWN Washington STREET ADDRESS 2204 Eye St., N. W. | 1 |
| 3. NAME OF (First) (Middle) DECEASED: (Middle) | (Last) 4. DATE (Month) (Day | , , , , |
| (Type or Print) 1705A LEWIS | FASKIN DEATH: 6 2 | 10 - |
| RACE: WIDOWED, DIVORCED, | OF BIRTH: 9. AGE last birthday: IF UNDER I Months I | YEAR IF UNDER 24 HRS. Plays Min. |
| Female Negro Widowed: 8/2/1 | 888 66 yrs. = 1. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, inDUSTRY: | | 2. CITIZEN OF WHAT COUNTRY? |
| even if retired): Domestic Unknown 13. FATHER'S NAME: | Carolina Co., Va. [| JSA |
| Tim Lewis | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: 17. | Agnes ? INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) None | Decedent | |
| 18. MEDICAL C | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | INTERVAL BETWEEN ONSET ANO DEATH |
| Immediate cause (a) Crelrnrae (c) | lar levidout | 1day |
| DUE TO | | 0 |
| Antecedent cause(s) Diseases or conditions, if any, (b) | | |
| giving rise to the above cause stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not | 1 Merculous | 16 ws. |
| related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: | L Mollens | 1 20. AUTOPSY? |
| | | Yes No |
| 2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 4/2/, 1954, to 6/2/, 1955, that I last saw the deceased | | |
| anve on, 19, and that death occurred at | m., from the causes and on the date | stated above. |
| SIGNATURE (DEGREE OR TITLE | GTEINI DATE HOSPICAT | DATE SIGNED |
| 23. AURIA, CHEMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify): | Glenn Dale, Md. Y OR CREMATORY LOCATION (City town, or co | ounty) (State) |
| 18046 | | Tu 1).(. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | U GADDRESS |

THE STATE

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No 24 |
|----------|------------|-------------|----|-------|-----------|
| MINDICAL | MAAUIII S | CHRITICALE | OT | DEATH | No. ok. / |

| 1. PLACE OF BEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|--|---|---|
| COUNTY Truck Georges MARYLAND | STATE LE COUNTY (P) | 1000 |
| CITY (If outside corporate limited write RURAL OR and give nearest tolen) TOWN LENGTH OF STAY (in this place) | CITY (If outside corporate limits write RURAL) and TOWN | d give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS SGOO Retchis Rd | STREET ADDRESS 5600 (If rural, give location) | Ry 1 |
| 3. NAME OF DECEASED: (First) (Middle) (Middle) | (Last) 4. DATE (Month) (Day OF DEATH | (Year) |
| 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Springerical | | YEAR IF UNDER 24 HRS. ays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even in the life) | 11. BIRTHPLACE (State or foreign country): 12. | COUNTRY? |
| 13. FATHER'S NAME: Bowle | 14. MOTHER'S MAIDEN NAME: | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: | and drew |
| 18. MEDICA | AL CERTIFICATION | INTERVAL BETWEEN |
| In diseases or conditions directly leading to death: (a) | rgestine heart falle | ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last | sele raal cliste | te |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No |
| PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc. CAUSE OF DEATH. | | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work □ at work □ | 211. HOW DID INJURY OCCUR? | 7 |
| 22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes , Accidental Control of the con | | |
| 28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): DATE REC'D BY LOCAL /REGISTRAR'S SIGNATURE | RY OR CREMATORY LOCATION (City, town, or ed | ADDRESS |

Supply every item of information carefulny. The correct write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please

VS. A15A - 5 - 53

BUREAU V. S.

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BECEINED

| MARYLAND STATE | DEPARTMENT | OF HEALTI | H—BALTIMORE, 1 | 8 05857 |
|---|-----------------------------------|---------------------|-----------------------------|-------------------------|
| Item 9, FilmGl82 CER | -21-55 et me | OF DEA' | | 2.3/ |
| 5940 CER | IIIICAIL | OF DEA | III Reg. | Dist. No. |
| 1. PLACE OF DEATH: | | 2. USUAL RESID | ENCE (HOME) OF DECE | ASED: |
| | ARYLAND | STATE M | ck. COUNTY PM | nce George |
| CITY (If outside corporate limits, write RURAL and give neaper town) | LENGTH OF STAY (in this place) | CITY(If outside | corporate limits, write RUR | AL and give nearest tov |
| TOWN heverly | (In this place) | TOWN | | × |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Paince Geon | ge Haspil | STREET ADDRESS 53/3 | Ourd Rd. C | onal Hit |
| 3. NAME OF (First) (Mig | le) (L | ast) | 4. DATE (Month) | (Day) (Year) |
| (Type or Print) # RCOB. | GOLD | STEIN | DEATH: [| 9 1955 |
| 5. SEX: 6. GOLOR OR 7. SINGLE, MARRI WILLOWED, DIVIN | nied Jan 10 | -1870 | /8/0/85 yrs. Month | |
| | OF BUSINESS NDUSTRY: A | Pussic | (State or foreign country): | 12. CITIZEN OF WH |
| 13. FATHER'S NAME: | | 14. MOTHER'S M | AIDEN NAME: | |
| azan Goldstein | | moster | 1 1 | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates | IAL SECURITY NO. | 17. INFORMANT | ADDRESS | 2 |
| of service) | | Esmil | Goldslei | N |
| | DICAL CERTIFICATIO | N | | INTERVAL BETWE |
| I DISEASES OR CONDITIONS DIRECTLY LEADIN | | 0 0 0 0 | | ONSET AND DEA |
| IMMEDIATE CAUSE (A) | CARDIAC- | RESPIRATO | RY FAILURE | |
| ANTECEDENT CAUSE (\$) | | 00001- | ATC -MC-DC- | |
| DISEASES OR CONDITIONS, IF ANY. (B) | CARCINOMA | OF PROJI | ATE EMETASTA | 525 |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. | GENERALIZ | ED ARTE | RIOSCLEROSI | 2 |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBU | , | | | |
| TO THE DEATH BUT NOT RELATED TO THE | | | | |
| DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 19B. MAJOR FINDIN | GS OF OPERATION | | | 20. AUTOPSY |
| | | | | YES NO |
| 21a. ACCIDENT WAS UNDERLYING 21B. PLAC | CE (Home, farm, factor | v. 21c WHERE | DID (City or town) | County) (State) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJUR | Y street, office bldg., e | C. INJURY OCCU | | (2000) |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E | NJURY OCCURRED | 21F. HOW DID | INJURY OCCUR? | |
| OF INJURY While at wor | k at work | | | |
| · · · | 30 - 1 | 1053 4011 | NE 9 105 that I | last saw the decor |
| 22. I hereby certify that I attended the deces | _ | , 193, to | | last saw the deceas |
| alive on 19 and that of signature | leath occurred at | ADDRES | - 16 | DATE SIGNED - PLRAJANT |
| 23. BURIAL, CREMATION, DATE THEREOF | NAME OF CEMETER | Y OR CREMATOR | | 1 |
| REMOVAL (SPECIFY) | mat Pas | ital Cen | It Will sig | le a mi |
| DATE REOLD BY LOCAL REGISTRAR'S SIGN | ATURE | | DIRECTOR 3501-14 | AND HARDS |
| REGISTRAR (Assessment) | bunen | B Dans | wither lon. | ornish Al |



BUREAU V. S.

Wolh D.C.

8-51

VS. A15

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|--|--|---|
| COUNTY Prince Georges MARYLAND | STATE D. C. COUNTY - | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and | d give nearest town) |
| OR and give nearest town) (in this place) TOWN Glenn Dale (rural) (7 mos, 25 days) | OR Washington | 1/74 .3 |
| HOSPITAL OR | STREET (If rural, give location) | 7/1 |
| STREET ADDRESS Glenn Dale Hospital | ADDRESS 1122 Spring Rd., N. | W. |
| 3. NAME OF DECEASED: (First) (Middle) (Type or Print) WILLIAM E. | (Last) OC 4. DATE (Month) (Day OF DEATH: | (Year) |
| 5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE | | YEAR IF UNDER 24 HR |
| Male White Divorced 8/13 | /1893 61 yrs | Daya Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, even if retired): Oil burner repairman Self-emplo | | 2. CITIZEN OF WHA COUNTRY? USA |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | UDA |
| James W. Gooch | Julia Bradley | |
| 15. Was Deceased Ever In U.S. Armed Forces 7 16. Social Security No.: 17. (Yes, no, or unla) (If Yes, give war or dates of Yes 1918-1919 577-03-0663 | . INFORMANT & ADDRESS: Decedent | |
| | CERTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Ched erm ac | a careen one () Crophague | House. |
| DUE TO | | *************************************** |
| Antecedent cause(s) | | |
| Diseases or conditions, if any. giving rise to the above cause stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | any tuber culoses | 4 yrs. |
| 19a. DATE OF OPERATION: 19h. MAJOR FINDINGS OF OPERATION: | | 20. AUTOPSY? |
| 2 | | Yes No 🗆 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while | HOW DID INJURY OCCUR? | |
| OF INJURY M. While at Not while at work | 11 110 00 | |
| 22. I hereby certify that I attended the deceased from | 3,19,1, to | aw the deceased |
| alive on | E) ADDRESS Clara Dolo III- | stated above. DATE SIGNED |
| Lane 180 Pinneane M. D. | Glenn Dale Hospital | 6/28/55 |
| 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 6-28-55 | RY OR CREMATORY LOCATION (City, town, or co | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| REG. / / / | Konneth E. Klapp. 3072 | |



5887

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CEDTIFICATE OF DEATH

Wash DC.

| | CERTIFICAT | E OF DEA | III | Reg. Dist. No. 3043 | |
|---|---|------------------|-------------------------|----------------------------|----------|
| 1. PLACE OF DEATH. COUNTY SINCE SEA | WARYLAND | 2. USUAL RESIDEN | CE (HOME) OF DE | COUNTY 63 | |
| CITY (If outside corporate limits, write RURA OR give leavest OR ENT WO | (inchis place) | TOWN N. | BRENTU | | (n) |
| HOSPITAL OR OR INSTITUTION OR STREET ADDRESS 4322 84 | Attom Place | STREET ADDRESS | 22-34 | give location) | 1 |
| 3. NAME OF DECEASED (First) (Type or Print) | William G | RAHAM | 4. DATE / OF DEATH | (Month) (Day) | (Year) |
| 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, PIVORCED (Specify) | 8. DATE OF BIRTH | 5 70 | yrs. Months Days Hour | 1 |
| 10n. USUAL OCCUPATION (Give kind of work flore during most of forking life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | MARVA | tate or foreign country | y) 12. CITIZEN OF COUNTRY? | WHAT |
| CODN GRAHAM | | 14. MOTHER'S MAI | 1 1/10 | 777 AS | |
| 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates o service) | 219-01-0279 | A- BANCE | S. GRA | HAM- (wife |) |
| A DISTRIBUTE OF CONTRIBUTIONS DIFFERENCE IN | 18. MEDICAL CÉ | RTIFICATION | | INTERVAL B | |
| I. DISEASES OR CONDITIONS DIRECTLY I | I PEMIA | | | ONSET AND | DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause | Veph Riti | 5 & EN | 222 A | 12 |) |
| stating the underlying cause last (c) | Hyper7 | ensic | 223 | 4-5. | y |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | - | | | |
| 19a. DATE OF OPERATION 19b. MAJOR F | INDINGS OF OPERATION | | | 20. AUTOF | PSY? |
| 21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU | E (Home, farm, factory, street, office bidg., etc.) | (CITY | OR TOWN) | (COUNTY) (STAT | No 🗆 |
| TIME (Month) (Day) (Year) (Hour) OF INJURY m, | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY | OCCUR? | | |
| 22. I hereby certify/that I attended the | deceased from | , 1933, to 6 | -/6-,1050 | that I last saw the dec | eased |
| alive on SIGNATURE | that death occurred at (Degree or title) | ADDRESS 50 | the cames and o | n the date stated above. | |
| 23. BURIAL, CREMATION DATE THERE | F NAME OF CEMETE | RY OR CREMATORY | LOCATION (Cit | y, town, or county) (Si | total |
| REMOVAL (Specify) CON ON PORTON DATE REC'D BY LOCAL REGISTRAR'S | 1955 washingt | 24 FUNERAL DIRE | wo Home We | ashing To B | (C) |
| REG 6-16-1955 mas | 1. Donere Bair | Genry S. Was | aborator & | 10 267 Nat. | 21.00) |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

he correct age

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DECENED

See 1955

BUREAU V. S.

| 5888 | WALLES OF THE STATE OF THE STAT | " |
|--|--|---|
| MEDICAL EXAMINER'S CER | HEALTH—BALTIMORE, 18 TIFICATE OF DEATH | Reg. Dist. |
| | | No |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | ~ |
| COUNTY Prince George's MARYLAND | STATE Maryland COUNTY Prince | |
| OR and give nearest town? Town OR OF COUNTY (If outside corporate limits, write RURAL OR and give nearest town?) Your Torestown? Town Years | OR TOWN FORESTVILLE | give nearest town) |
| HOSPITAL OR INSTITUTION OR CHERRY Lane | STREET (If rural, give location) Cherry Lane | 1 |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Carle Elizabeth H | (Last) 4. DATE (Month) (Day OF DEATH June 28 | 19 55 |
| Female 6. Color or 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, Jun | E OF BIRTH: 9. AGE last birthday: FUNDER I Y Months De | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if Lagrange Ter | R II. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Unknown | Gorgiana Jackson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: Edna Green, Forestville. Md. | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Toxemia, exhaus DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO Carcinoma of to | | INTERVAL BETWEEN ONSET AND DEATH |
| stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes \(\text{No } \(\text{Q} \) |
| 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc INJURY | 7, 2Ic. (City or town) (County) | (State) |
| Zid. TiME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work ☐ at work ☐ | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes Accisionature 23. BURIAL, CREMATION, DATE THEREOF NAME OF COMETE REMOVAL (Specify): DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. 29,1955 Carrie I. Complete | | mined cause []. DATE SIGNED 6/28/55 |
| | | Wash D.C. |

SS61 S JUL

BUREAU V. S.

1 - - - - -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5841

CERTIFICATE OF DEATH

Reg. Dist. No.23

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| 1. PLACE OF DEATH: COUNTY Trince Georges MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | STATE MA. COUNTY Prince Googas |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN |
| HOSPITAL OR TINSTITUTION OR STREET ADDRESS Prince Georges Gen. Haspital Middle | STREET (If rural give location) ADDRESS |
| 3. NAME OF (First) (Middle) | (Last) A DATE (Month) (Day) (Year) |
| DECEASED: (Type or Print) billian | ackson DEATH: 6 13 1955 |
| Female White (Specify): married, 4- | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 Hms. - 90 65 yrs. Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| est of Clint Johnson | Jenne Christian |
| (Yes, no, or unk.) (If Yes give war or dates of service) | Astistic Card |
| 18. MEDICAL CERTIFICAT | TION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| 260 X | 0H. L. |
| IMMEDIATE CAUSE (A) | 1 mary 1 days |
| ANTECEDENT CAUSE (S) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO | Leuren 2- yr |
| 1/1:1 0 | T. 10 000 11. |
| (C) | My Meller more |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | N 20. AUTOPSY? |
| | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF either, Notify Medical Examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while 10 10 10 10 10 10 10 1 | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 2 21F. HOW DID INJURY OCCUR? |
| | , 1951, to 6/13, 19.5, that I last saw the deceased |
| alive on | ADDRESS DATE SIGNED |
| BEMOVAL (SPECIFY) June 16, 1950 Bryantown | ERY OR GREMATORY LOCATION (City, town, or equity) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. PUNERAL DIRECTOR HELLES ADDRESS |

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

Supply every item of information carefully. The

DECENAL SO 1952

BUREAU V. S.

10 -4, 10 - MEASTER COUNTY OF BURNESS AND THE STATE OF



DECENTED

BUREAU V. S.

Wash, D. C.

| 0000 | IE OF DEATH | | . NO |
|--|------------------------|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE | (HOME) OF DECEASED: | |
| COUNTY PRINCE GEORGES MARYLAND | | COUNTY Prince | Georges |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Andrews Advantage Porton Dogo | OR OR | rate limits, write RURAL a | nd give nearest town) |
| Y TOWN Andrews Air Force Base HOSPITAL OR | | Air Force Base (If rural, give location | X |
| NOSTITUTION OR STREET ADDRESS 1401st USAF Infirmary (MAT | S) STREET Washingt | on 25, D. C. | n) |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. | DATE (Month) (De | ay) (Year) |
| (Type or Print) Everette I | | DEATH: June | 1 19 55 |
| RACE: WIDOWED, DIVORCED. | | GE iast birthday: IF UNDER Months | I YEAR IF UNDER 24 HRS. Days Hours Min. |
| | | 3 yrs. | 12. CITIZEN OF WHAT |
| work done during most of working life, cven if retired): S/Sgt USAF | Hornsby, Te | | COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN | | |
| I. H. Jernigan | Deceased - I | Inknown | |
| 15. WAS DECEASED EVER IN U.S. ABMED FORCES 7, 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRES | S: | |
| (Yes, no, or unk.) (If Yes, give war or dates of Service) 1944-1955 426-32-5750 | USAF Military F | lecords | |
| 18. MEDICA | L CERTIFICATION | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | | ONSET AND DEATH |
| Immediate cause (a) Suspected Coronary | Thrombosis nendi | ng Autonsy | Unknown |
| Immediate cause (a) DUE TO | | | |
| Antecedent cause(s) Infarction of M. | rocendium | | |
| Diseases or conditions, if any, giving rise to the above cause stating underlying cause iast | | ries | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not | | | |
| related to the disease or condition causing death. 19a, DATE OF OPERATION: 19b, MAJOR FINDINGS OF OPERATIO | N: | | 20. AUTOPSY? |
| | | | Yes 📉 No 🗆 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, st OF office bldg., etc.) HOMICIDE INJURY | reet. (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY M. work at work | HOW DID INJURY OC | CUR? | |
| 22. I hereby certify that I attended the deceased from | 19 to | 19 that I last | saw the deceased |
| alive on, 19, and that death occurred | | | |
| | ITLE) ADDRESS | o council with our out | DATE SIGNED |
| DONALD E. MCCOLLUM. Capt., USAF (MC) | 1401st USAF Inf | irmary (MATS) | 1 June 1955 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEME | | LOCATION (City, town, or | |
| Burial 3 June 1955 Arlington DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | National Cemetery | Arlington, Vi | Zinia ADDRESS |
| DDG / 296.64. | - Rinaldi Funeral | | |

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and the second of the second o

BUREAU V. E.

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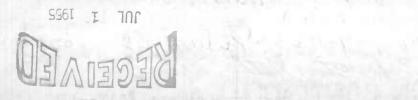
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M

05866 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5891 CERTIFICATE OF DEATH Reg. Dist. No. 23/

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|--|
| COUNTY Prince Georges MARYLAND | STATE Maryland COUNTY Pr. Geo. |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| Y TOWN Palmer Park (in this place) One and give nearest town) | TOWN Palmer Park |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) |
| STREET ADDRESS 7606 Muncy Road | 7606 Muncy Road |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) EMILY LOUISE KAF | (Last) 4. DATE (Month) (Day) (Year) OF OF June 27th, 19 55 |
| 5. SEX: 5. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, | OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Female White Specific March | 1 27/1914 41 yrs. Months Days Hours Min. |
| work done during most of working life. 10b. KIND OF BUSINESS OF INDUSTRY: | We - la taracter To Country? |
| Telephoried Operator C & P Telephor | 14. MOTHER'S MAIDEN NAME: |
| William Fisher | , Emily C. Gray |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: 17 | . INFORMANT & ADDRESS: |
| (Yes, no, or unk.) (If Yes, give war or dates of No None 577-26-6582 | George E. Karr 7606 Muncy Road. |
| 18. MEDICAL CERTIFICAT | 10N Palmer Park, Md. Interval Between |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Onset And Death |
| 199.1 (a. C. C. out) 0 | neloden I laren |
| Immediate cause (a) | |
| Antecedent causes (s) Diseases or conditions, if any, | 20 avortante Breull |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | |
| (c) Careen | em |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Phliambothebelet 5 mille |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | D O- 1 + O 20. AUTOPSY? |
| 6-16-55 (Iverflaiter ca | - metallalle onesh. Yes Note |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE SUICIDENT SUICIDE SUICIDENT SUICIDE SUICIDENT | t, (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Work At Work | HOW DID INJURY OCCUR? |
| | 1947, to June 27 1955, that I last saw the deceased |
| alive on B-77, 15 Tand that death occurred at | 0.30 AM, from the causes and on the date stated above. |
| SIGNATURE (Degree or title) | ADDRESS DATE SIGNED |
| Down D. Jordon Mp, 57 | 13/23-0 farriery SE 6-21-55 |
| 23. BURIAL, CKEMATION, DATE THEREOF NAME OF COMETE | RY OR CREMATORY LOCATION (City, cown or county) (State) |
| DATE/REC'D BY LOCAL AUGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| REGISTRAR | W.W. Chambers Company, 51711th St.S. |
| | Weshington D.C. |



BUREAU V. S.

2411 N. Charles Street, Baltimore

5843

CERTIFICATE OF DEATH

05867

| 1. PLACE OF DEATH- COUNTY PRINCE 450R95 MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- | |
|--|---|---|
| - A MARIE AND | MARY/AND PRINCE | YEORGE |
| OR give nearest town) CITY (If outside corporate limits, write RÜRAL and LENGTH OF STAY (in this piace) | CITY (If outside corporate limits, write RURAL and give | nearest town) |
| OR give pearest town) TOWN RIAGENS BUR9 (In this place) | TOWN DIAGENS BUR9 | X |
| INSTITUTION OR | STREET (If rural give location) | 1 |
| STREET ADDRESS | 4213 -34 PL. | |
| 3. NAME OF (First) DECEASED FOED (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED. | S. DATE OF BIRTH 19. AGE last birthday 11 under 1 | O 3 19 |
| Mn/E White WIDOWED, DIVORCED, (Specify) MARRIED | | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work dop during anget of working life, even if retired) 13. FATHER'S NAME | 11. BIRTHPLACE (State or foreign country) 12. | CITIZEN OF WHAT |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | U. S.A. |
| CHARLES KENNARD | FlORENCE NORTON | / |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of | 17. INFORMANT | |
| service) | FRED KENNARD JR | SON |
| 18. MEDICAL CEI | PTIFICATION: | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| 777 Immediate cause (a) CONGESTIVE | HEART FAILURE | 2 WEEKS |
| 100,0 | | ~ |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) HOVANCED RA | EUMATOID ARTHRITIS | ROYEARS |
| stating the underlying cause last | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While | HOW DID INJURY OCCUR? | |
| OF INJURY m. While at Not While Work At work | | |
| 2 10 | 1/20 | |
| 22. I hereby certify that I attended the deceased from 3.9 | , 19.3.2, to 19.3.3, that I last say | w the deceased |
| alive on 6/19 1955 and that death occurred at | 10 H.m., from the causes and on the date state | od ahova |
| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
| 1- Tois Handel M. R. | 1. Ola - Park | /m 100 |
| 23. BURIAL, CREMATION DATE / NAME OF CEMETER | RY OR CREMATORY LOCATION (City, town, or county) | 1000 |
| REMOVAL (Specify) 6/23/55 FORT | RY OR CREMATORY LOCATION (City, town, or county) | (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS _ |
| 6921/55 Umandas Journey | Tao Francial Herro -111 | and a fine |
| | A CONTRACT NO PORT IN | WIND CO |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

BUREAU V. S.

JUN 23 1955

BECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

RE, 18 05868 Reg. Dist. No. 23/

| 5892 CER | TIFICATE | OF DEAT | rh Re | eg. Dist. No. | 231 |
|--|-------------------------------------|------------------|---------------------------------|---------------------------|---------------|
| I. PLACE OF DEATH: | 1 2 | . USUAL RESIDEN | CE (HOME) OF DECE | | |
| E county Prince Georges | | Mon: | rland. | COUNTY Pr | Goo |
| CITY (If outside componete limite unite DIIDALIA | MARYLAND FNOTH OF STAY | | vland corporate limits, write l | | |
| COUNTY Prince Georges CITY (If outside corporate limits, write RURAL I OR and give nearest town) TOWN Decatur Heights, | (in this place) | OR | tur Heights | | |
| HOSPITAL OR | o yrs. | STREET | (If rural giv | | urg Po |
| STREET ADDRESS OF THE TEACHER TO | ad | ADDRESS 510 | | | Î |
| 3. NAME OF (First) (Midd DECEASED: MAY PITTS | dle) (I KUPFERS) | CHMIDT | 4. DATE (Month) OF DEATH: June | Mark I. a. | (ear) 95.5 |
| 5. SEX: S. COLOR OR WIDOWED, DIV. (Specify Widow | | | AGE iast birthday: IF | | |
| Female White Specify Wido | wed Feb. 31 | | 88 yrs. | onths Days Ho | |
| 10a. USUAL OCCUPATION. Give kind of 10b. KINI | OF BUSINESS OR USTRY: | | State or foreign countr | y): 12. CITIZEN COUNTE | OF WHAT |
| 10 11 11 | t home | Grandville | e, Mich. | USA | |
| 13. FATHER'S NAME: | | . MOTHER'S MAIDE | | | |
| | | Mary (Unl | | | |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, pg, or unk.) (If Yes, give war or dates of | L SECURITY No.: 17. IN | FORMANT & ADDI | RESS: | | |
| No Non | one Cla | ara Gene F | inch, 5107 ! | Filden Ro | ad, |
| NO service) NOME No 18. MED | ICAL CERTIFICATION | | Decati | ir height | S. B.W. |
| I DISEASES OR CONDITIONS DIRECTLY LEADIN | | | | Ons | et And Death |
| H 22 / Immediate cause (a) DUE TO | ulmonary | rdema | | 1- | vk. |
| | | 0 | 1: | / | / |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS | ongestive | , Wears | Jarline | 11 | wie |
| giving rise to the above cause stating the underlying cause last. DUE TO | ongestive Trioschu | | | 1 7 | , |
| (c) All | Prioseles | he andro | vascular ou | slee u | More |
| Conditions contributing to the death but not | | | | | |
| related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home, OF office building buildi | S OF OPERATION | | | 20. | AUTOPSY ? |
| 0 | | | | | No 🗆 |
| | farm, factory, street, oldg., etc.) | (CITY OR TOWN) | (COUNTY |) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) INJURY While and Work Work | OCCURED Not While At Work | HOW DID INJURY | OCCUR? | | |
| TIME (Month) (Day) (Year) (Hour) INJURY While at Mork 22. I hereby certify that I attended the deceas | | 1954 to 6 | 7 , 1955, tha | t I last saw th | e deceased |
| SIGNATURE (Degree of | th occurred at He | 15 P.M. from | | he date stated | above. |
| Julia Janffman, M. O. | | | / . | | |
| REJUVEL Receity) Juve 19/1953 | NAME OF CEMETERY | OR CREMATORY | FALLS CHUR | CH, VIREI | (State) |
| DATE RECID BY LOCAL REGISTRAR'S SIGNAT | 7 | FUNERAL DIRECT | | ADDI | |
| 0/8/55 Umangla V | Henry W. | .w.Chamber | s Company, 1 | niverdale | , Md. |

VS. A15

BUREAU V. S.

S961 81 NII

BECEINED

INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSYT YES [NO L (State) 3. 1955, to 6/23 , 1955, that I last saw the deceased A. M. from the causes and on the date stated above. DATE SIGNED LOCATION (City, 18wn, or county) (State) LOCAL SIGNATURE FUNERAL DIRECTOR ADDRESS

(Yesr)

1955

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BUREAU V. E.

THE TENEDRED STREET, S

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| | MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 05.260 |
|------------------|---|--|
| | 5845 CERTIFICATI | E OF DEATH Reg. Dist. No. 23 |
| legibly. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| 80 | COUNTY Tunce Slegged MARYLAND | STATE Many and COUNTY Trans Llevel |
| and le | CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY(If outside corporate limits, write RURAL and give nearest town) |
| 8 | HOSPITAL OR | |
| death clearly | MINSTITUTION OR Puna Derged Dov. Ha | STREET (If rural give location) ADDRESS 117 22 Rober Proc |
| th c | 3. NAME OF (First) (Middle) DECEASED: (Type or Print) | (Last) 4. DATE (Month) (Day) (Year) OF' DEATH (A. 10 55) |
| des | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | To de la constante de la const |
| of | T RACE: WIDOWED, DIVORCED, (Specify): | 9/32 A Days Months Days Hours Min. |
| write the causes | OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 0 | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| ‡ | 13. PATHER 3 NAME: | 14. MOTHER'S MAIDEN NAME: |
| ite | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) | State stic Card. |
| please | 18. MEDICAL CERTIFICAT | TION Viattaria INTERVAL BETWEEN |
| ple | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| | 2042 (1990,000) | in Hamerhanie 1 2 |
| SUI | IMMEDIATE CAUSE | 79 17 6 293 |
| cia | ANTECEDENT CAUSE (8) | Monocoti Touto 1 16 |
| Physicians: | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE | freely any 7 400 |
| Ph | STATING UNDERLYING CAUSE LAST. | |
| ئد | (C) | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| ort | DISEASE OR CONDITION CAUSING DEATH. | |
| du | 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO | N 20. AUTOPSY? |
| | | YES NO [|
| especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (County) (State) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? |
| is | | B A A |
| 90 | 22. I hereby certify that I attended the deceased from | 1, 19, to feel, 193, that I last saw the deceased |
| 8 | alive on [2 June, 1953, and that death occurred at | II R. M, from the causes and on the date stated above. |
| ect | SIGNATIONE | ADDRESS DA DATE SIGNED |
| correct | Coth. Creene M | 1. D. Olage / ary, // d 6/13/55 |
| 00 | | ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| | British 6-15-55 Grand | ton hat (interneton Va |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| | REGISTRAR Vinney | a. Wouder Sous of Wash. HC |
| | | 11.110-00-1-10-1-10-1-10-1-10-1-10-1-10 |

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5825

CERTIFICATE OF DEATH

| Rog | Diet | No | 245 | |
|------|-------|------|-----|---|
| neg. | Dist. | 740. | 7 0 | , |

| | JOAG CENTIFICATI | E OF DEATH Reg. Dist. No. |
|---|---|--|
| | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| 0 | COUNTY PRINCE GEORGES MARYLAND | STATE MD. COUNTY PR. GED |
| | CITY (if outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place) | CITY(if outside corporate limits, write RURAL and give nearest town |
| | TOWN MT. RAINIER 11 MOS. | TOWN MT. KAINIER 16 |
| | HOSPITAL OR TANKITUTION OR TANKITUTION OR | STREET (If rural give location) |
| | Obstreet Address 2712 UPSHUR ST. | 1 2712 UPSHUR ST. |
| | 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| | (Type or Print) HOWARD FRANCIS | MAY DEATH: JUNE 8 1955 |
| | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, | TO ALL TO THE PARTY OF THE PART |
| | M (Specify): MARRIED JAN | 1, 1070 65 yrs. |
| | WORK done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA |
| | even If retired): PLU MOSE | WASHINGTON DC USA |
| | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| | KUSSELL 19AY | DARAH MOFFETT |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES: 15. SOCIAL SECURITY NO. (Yes, no. or unk.) (11 Yes, give war or dates | 17. INFORMANT & ADDRESS: 27/2 UPSHUR ST |
| | 2 No of service) 12/3-09-8405 | LECELIA MAY - MY RAINIER, HD. |
| | 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN |
| | 162 x 6+ 00 1 | |
| | IMMEDIATE CAUSE (A) GEN. C | ARCINOMATOSIS 5 HONTHS |
| | | HOGENIC CARCINONA 20 ". |
| | GIVING RISE TO THE ABOVE CAUSE | HUGENIC CARCINONA 20 " |
| | STATING UNDERLYING CAUSE LAST. (C) | |
| | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 1 20. AUTUPS 17 |
| , | OCT. 453 BRONCHGENIC | CARCINOMA. YES NO KI |
| | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., | tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? |
| | 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| | OF INJURY M. While Not while at work at work | |
| , | 22. I hereby certify that I attended the deceased from APR | IL, 1955, to JUNE 8, 1955, that I last saw the deceased |
| | aliye on JUNE 8 , 1955, and that death occurred at | |
| | SIGNATURE | ADDRESS DATE SIGNED |
| | | ERY OR CREMATORY LOCATION (City, town or county) (State |
| | REMOVAL (SPECIFY) | ERY OR CREMATORY LOCATION (City, town or county) (State |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR ADDRESS |
| 4 | REGISTRAR 1913 James / wes | Malley French Home Six |

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TE BUNEFUL STEEL ST

M d.

Reg. Dist. No. 245 5846 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: STATEMARY land COUNTY Prince Georges COUNTY Prince Georges MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) and give nearest town) OR Riverdale TOWN Riverdale Mon. (If rural, give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS 6305 -- 51st. Avenue 6305--51st. Avenue 4. DATE (Month) (Day) 3. NAME OF (First) (Middle) (Last) DECEASED: DEATH: June 17th. 19 55 MARINEAU MAE DAISY (Type or Print) 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WI COWED Months | Days Hours RACE: 21/1893 Aug. Female 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR | II. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION (Give kind of) COUNTRY work done during most of working life, even if retired): Spinner Textile Mill Matthew s . N.C. U.S.A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Norvel Anna Thomason (Unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 24 14 9 UNITY 597 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) NONE Edward H. Case, 6305 -- 51st. Ave. Inknown Riverdale .Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH accinoma Uterse Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, DUE TO giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: Yes No (STATE) (CITY OR TOWN) (COUNTY) PLACE (Home, farm, factory, street, 21. ACCIDENT (Specify) office bldg., etc.) SUICIDE HOMICIDE INJURY HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) While at Not while INJURY at work work [1955, to Jacob 171925, that I last saw the deceased 22. I hereby certify that I attended the deceased from DATE SIGNED SIGNATURE ADDRESS (DEGREE OR TITLE) LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATERY 23. BURIAL, CREMATION DATE THEREOF Monroe. DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE Company. Riverdale

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UNFADING Physicians: p

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FOR

DECEINED

BUREAU Y. S.

VS. A15

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 | 05870 |
|----------|-------|------------|----|-------------------|----|-------|
| 5817 | CURT | | OI | N TOTAL A FINE | | ME |

| OMITETOATI | Reg. Dist. | No |
|--|--|-----------------------|
| I. PLACE OF DEATH: | 1 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| | 2. USUAL NADADANA | Dee |
| COUNTY June Level MARYLAND | STATE TO COUN | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give poarest town) (in this place) | CITY (If outside corporate limits, write RURAL at | nd give nearest town) |
| 4/ TOWN Case (in this place) | TOWN O | 411 |
| HOSPITAL OR | STREET (If rural give location) | |
| INSTITUTION OR STREET ADDRESS | ADDRESS QUET SILET | 2 - 0' |
| O O THEEL REPRESS | 818 May games | mal |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day | (Year) |
| DECEASED: (Type or Print) BABY M= a | Illister DEATH: 6 20 | 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | OF BIRTH: 9. AGE last birthday: If UNDER I Y. | |
| (Specify): | yrs. Months Da | Hours Min. |
| 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OF | R II. BIRTHPLACE (State, or foreign country): 12. | CITIZEN OF WHAT |
| work done during most of working life, INDUSTRY: | 2 | COUNTRY? |
| even if retired): | MOL | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Trank Me allesler | Vergenia Brockett | |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 | | . 0 0 |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | want mealbeles, 815 W. C. | Lamel |
| 18. MEDICAL CERTIFICATI | 100000 | maf |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ION | Interval Between |
| 41 D | | Onset And Death |
| Immediate cause (a) Asphyra | 24 | |
| DUE TO | | n |
| Antecedent causes (s) Diseases or conditions, If any, | in brenchi | 12 Krs |
| giving rise to the above cause | | |
| Alexandering the anderlying course last. | | 12 hea |
| (c) | | 1000 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY ? |
| 198, DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street | t. (CITY OR TOWN) (COUNTY) (S | Yes No Z |
| SUICIDE OF office bldg., etc.) | (CITT OR TOWN) | JIAIL) |
| HOMICIDE INJURY | THE WAY BY AND | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While | HOW DID INJURY OCCUR? | |
| INJURY m. Work At Work | | |
| 22. I hereby certify that I attended the deceased from 6/25 | ,1955, to | saw the deceased |
| alive on 6/25, 1955, and that death occurred at 6/2 | bout 3 AM, from the causes and on the date | stated above. |
| SIGNATURE (Degree or title) | ADDRESS | ATE SIGNED |
| nank V. Weaver, K. M.D. | Vaurel, Md 61 | 26/55 |
| 23. BURIAL, CREMATION, DATE THE LEOF NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, of co | unty) (State) |
| Busial (Specify) Lune 271956 Bloom | a Chapel anne arender | to not |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR | 24. FUNERAL DIRECTOR | ADDRESS |
| will 2/2 50 11. Vaguerio | Redgler Selly 401 most | are a |
| 1015551001 | Van | el mol |
| | | |



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE OR WRITE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05873

5848 CERTIFICATE OF DEATH

Reg. Dist. No. 231

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF OECEASEO: |
|---|---|
| COUNTY POINCE GEARGES MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | STATE Md. COUNTY Prince Georges |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | |
| 380R and give nearest town) (in this place) | OR // |
| | 1741301113 |
| HOSPITAL OR HOSPITAL OR STREET ADDRESS Trince Georges' Gen. Hospital | STREET (If rural give location) |
| | 3907 Sultruberry Road |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED: (Type or Print) \(\sqrt{ames} \) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | ne Callister DEATH: 6 8 1955 |
| | STATE AND DITHERY TO CHOKE 24 HRB. |
| Male White (Specify): Marcied 4- | 17-84 7/ yrs. Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| work done during most of working life. OR INDUSTRY: | Penna. COUNTRY? |
| | 14. MOTHER'S MAIDEN NAME: |
| 13. FATHER'S NAME: | TALL MATTER STATE TO THE STATE OF THE STATE |
| 2 | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates | 17. INFORMANT & ADDRESS: |
| | Whatistic Card - |
| of service) 18. MEDICAL CERTIFICA | TION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| . 420.0 | 1 las +6:1. |
| IMMEDIATE CAUSE (A) MELITO OUE TO | i men ja une 700p |
| ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OUE TO OUE TO OUE TO | 1. TO 1 1. |
| DISEASES OR CONDITIONS, IF ANY, (B) Will Day | less hi heart down years |
| STATING UNDERLYING CAUSE LAST. OUE TO | |
| i (c) Inodec | eal aleer 34h |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING OEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | |
| 194. DATE OF OPERATION: 198. MAJOR FINOINGS OF OPERATIO | ON 20. AUTOPSY? |
| | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa | ectory. 21c. WHERE DID (City or town) (County) (State) |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fa or CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRE While Not while | The etc. INJURY OCCUR? |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE | D 21F. HOW OID INJURY OCCUR? |
| OF INJURY M. While at work at work | |
| | 19.VV, to 19.VV, that I last saw the deceased |
| 500 mt | .400 |
| anve on , 19 , and that death occurred a | t / M, from the causes and on the date stated above. ADDRESS DATE SIGNED |
| h - of del House - A | 1100 1) (0,000 16. 4 (6/0/ |
| | M.D. Wildeles Capelled By Provide 1/1/17 TERY OR CREMATORY LOCATION (City, town, or county) (State) |
| BEMOVAL (GREGHTY) | Control (city, tawn, or county) (state) |
| Burial 1 | vachagion of |
| OATE REC'O BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL OIRECTOR AOORESS |

BECEINED

BUREAU V. &

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THE PROPERTY OF THE PROPERTY OF THE PARTY OF

STATE OF THE PARTY AND ADDRESS OF

OR WRITE PLAINLY, WITH

PLEASE TYPE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5893 CERTIFICATI

CERTIFICATE OF DEATH

RE, 18 115874 Reg. Dist. No.242

| legibly. | 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE | (HOME) OF DECEASED | |
|------------|--|--------------------------------------|--------------------------|-----------------------------|-----------------------|
| 90 | COUNTY Comes Derre | MARYLAND | STATE . | COUNTY TO | Jeo. |
| d 1 | OR Ind give nevest town) | RURAL LENGTH OF STAY (in this place) | CITY(If outside corpors | te limits, write RURAL at | nd give nearest town) |
| and | X TOWN DISK THE SEARCH NOT X | 120 yrs. | TOWN Season B | Vinacael | × |
| 1 X | HOSPITAL OR INSTITUTION OR | 8 .0 4 | STREET | (If rural give location) | 1 |
| clearly | OT STREET ADDRESS 6203 34 | led So. | 6203 3 | rela la | |
| | 3. NAME OF (First) | (Middle) | Last) 4. | | (Year) |
| death | DECEASED: (Type or Print) | Enora m | der | OF DEATH: 6 2 | 8 1955 |
| | 5. SEX: 6. COLOR OR 7. SINGLE | MARRIED, 8. DATE | OF BIRTH: 9. AGE | last birthday IF UNDER 1 YE | EAR IF UNDER 24 HRS. |
| of | Smale White (Specify) | | 11906 4 | 9 yrs. Months Da | Hours Min. |
| causes | IOA. USUAL OCCUPATION (Give kind of to work done during most of working life. | B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State of | r foreign country): 12. | CITIZEN OF WHAT |
| car | even if retired): | un harme | Washer | 1).C. h | COUNTRY |
| d) | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME: | J. W. |
| e th | Harris Displan | | Deark | Xala Qal Ass | |
| write | IS. WAS DECEASED EVER IN U.S. ARMED TORCEST | 16. SOCIAL SECURITY NO. | 17 INFORMANT CADD | RESS: | DE EL |
| | (Yes, no, or unk.) (If Yes, give war or lates of service) | han | JULY 9 W. VO. | 8 . solm | I maranes of |
| please | | 18. MEDICAL CERTIFICATI | ION O | My Justan | |
| ple | I DISEASES OR CONDITIONS DIRECTLY | | 0 | | INTERVAL BETWEEN |
| | 002X | -p / | -1-1 | , | 20 |
| ıns | IMMEDIATE CAUSE | DUE TO | my de Moccess | | 101 100 |
| Physicians | ANTECEDENT CAUSE (S) | DOL 10 | | | , |
| ıys | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE | (B) | | | |
| P | STATING UNDERLYING CAUSE LAST. | | | | |
| nt. | II OTHER SIGNIFICANT CONDITIONS CO | (C) | | | |
| important. | TO THE DEATH BUT NOT RELATED TO | THE | | | |
| bo | DISEASE OR CONDITION CAUSING D | FINDINGS OF OPERATION | | | |
| in | Tax. BATE OF OPERATION: Tab. MAJOR | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| ly ly | | | | | YES NO |
| ecially | 21a. ACCIDENT WAS UNDERLYING 2000 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | F INJURY street, office bldg., | etc. INJURY OCCUR? | City or town) (County | (State) |
| esp | 21D. TIME (Month) (Day) (Year) (Hour) | 21E INJURY OCCURRED While Not while | 21F. HOW DID INJURY | OCCUR? | |
| 8 | OF INJURY | at work at work | | | |
| age 8 | 22. I hereby certify that I attended th | ne deceased from A 2 | 9. , 1944, to June 2 | 8., 1955, that I last | saw the deceased |
| eg. | alive on James 27th, 1955, and | | 1 412 | | |
| ect | SIGNATURE | d cum demail occurred and | ADDRESS | | E SIGNED |
| correct | M. alles De | M. | D. 1.5 B. d. | -63. W. 18 | 6 28.55 |
| 22 | 23 BURIAL, CREMATION, DATE THERE | OF NAME OF CEMETE | RY OR CREMATORY | CATION (City, town, or | county) (State) |
| | 12 may 7-1-5 | 5 Cedar Hill | emelery Si | March | mel- |
| | DATE REC'D BY LOCAL REGISTRAR' | SIGNATURE | 24. FUNERAL DIRECT | OR AA | ADDRES |
| | June 30, 1950 Manand | o demeny 4 | J. Hassin Kons | Hyallyall | , hel. |
| | lane. J. | Comptess. | | 0 | |

BUREAU V. S. SSOT & TOT

5818

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 2705. |
|--|---|
| 1. PLACE OF DEATH ORINGE SEO MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY DESIGNATION OF DECEASED. |
| CTTY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) | CITY (II outside egrporate limits, write RURAL and rive nearest town) OR TOWN / A CLANGE 15 |
| HOSPITAL OR INSTITUTION OR 3813 Pliver St. | STREET ADDRESS 3813 (If rural, give location) |
| 3. NAME OF DECEASED (First) ALLIE OPHELIA MIS | (Last) 4. DATE (Month) (Day) (Year) OF DEATH June 27 1955 |
| 5. XX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify Colored) | 8. DATE OF BIRTH 9. AGE last hir hoday If under 1 year Hours Min. |
| done during most of working life, even if retired) 10b. Kind of Businass of Industry Industry | 11. BERTHPLACE (Scate or foreign country) 12. CITIZEN OF WHAT COUNTRY! COUNTRY! |
| 13. RATHER'S NAME Misenheimer | 14. MOTHER'S MAIDEN NAME |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | Tenneth woodede Hyallsolle In |
| 18. MEDICAL CE | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONGET AND DEATH |
| 420,1 Caronary | trombons 10 km |
| Immediate cause (a) | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | nie Cardio-Vascular Pia |
| (c) | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | Yes No No |
| 21. ACCIDENT Specific | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from June 2 | 27, 1953, tolkine, 1953, that I last saw the deceased |
| alive on 1900, 1900, and that death occurred at | ADDRESS DATE SIGNED |
| Kly Etiene M. J | . college Vork, Mg. 6/27/55 |
| Pransportation 6/28/001 Charlot | RY OR CREMATORY LOCATION (City, town, or county) (State) |
| | the purity chestone |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RECOMMEND 1955 Mrs. Comerci by | 24 FUNERAL DIRECTOR Systlenth DDRASS |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

DECEINED

BUREAU V. S.

set

| | corre | MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231 |
|----------|--|--|
| | e c | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| | The | COUNTY Cruck GROUPS MARYLAND STATE MONJACOUNTY AS |
| 0 | lly. | CITY (If out de corporate limit, write RUIAL LENGTH OF STAY OR and give nearest town) OR and give nearest town) NOWN Length of STAY OR TOWN |
| M | d la | HOWN Cherest 1 1 /2 his TOWN Hillcrest Heights |
| | on carefully. The | HOSPITAL OR INSTITUTION OR PROCEEDINGS STREET ADDRESS 2407 Iver Street |
| | information eath clearly | 3. NAME OF DECEASED: (Type or Print) Rechard Olan Munder (Last) 4. DATE (Month) (Day) (Year) DEATH (Type OF Print) (DEATH) (Month) (Day) (Year) |
| | infor | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Lice 23, 1944 9. AGE last birthday: HUNDER 1 FEAR IF UNDER 24 HRS. Months Days Hours Min. |
| DN | om of a of d | 10a. USUAL OCCUPATION (Give kmd of work life, even in the interior of work life. |
| BINDING | y every item of infor the causes of death | 13. JATHER'S NAME: 14 MOTHER'S MAIDEN NAME: MOTHER'S MAIDEN NAME: MARGARET Comblell |
| FOR B | | 15. WAS BECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 1. INFORMANT & ADDRESS: Service) 16. Social Security No.: 1. INFORMANT & ADDRESS: Service) 16. Social Security No.: 16. Social |
| | Suppl | 18. MEDICAL CERTIFICATION INTERVAL BETWEEN |
| RESERVED | K. | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: |
| SEF | IN | Immediate cause (a) DUE TO |
| RES | ar he | Antecedent cause(s) |
| | DII | Diseases or conditions, if any, (b) |
| 3GI | FA | stating underlying cause last (c) |
| MARGIN | I UNFADING. Physicians: | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. |
| | Fand | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? |
| | Por | Yes No 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (State) |
| | II.X | PRIMARY Por CONTRIBUTING OF STATE OF ST |
| | E PLAINLY, WITH especially important. | 21d. TIME (Month) (Day) (Year) (How) 21e. INJURY OCCURRED OF While at Not while INJURY (CCURT) While at work of at work of the |
| | PI | 22. I hereby certify that I took charge of the remains described above, held an Autopsy T, Inspection Inquiry E, and |
| | TE | find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [] SIGNATURE [] DATE SIGNED |
| ಣ | WRIT ge is | SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| ت ا | PLEASE WRITE age is es | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) |
| ¥. | EA | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR ADDRESS |
| A1E | PL | Tel 18 55 Umanda Darmer Serimon Pros 1661- Hood Hope Rd Si |
| က် | | Washington DC |
| | | |

BUREAU V. &

SS6I SS NO

BECEINED

| MEDICAL | EXAMINER'S | CERT | IFICATE | OF . | DEATH | No. 231 |
|---|--|-------------------|---------------------|------------------------|--------------------|--|
| I. PLACE OF DEATH: | • | 2. | USUAL RESIDENCE | (HOME) O | F DECEASED: | |
| COUNTY Trunch | anger MARY | LAND | STATE DEC. | COU | NTY | |
| CITY (If outside corporation of and give nearest to | e limits, write RURAL LENGTH | H OF STAY | OR TOWN Waside con | porage limit | write RURAL and | give nearest town) |
| HOSPITAL OR OR STREET ADDRESS AND ADDRESS | 's George Somen H | ref | STREET ADDRESS 1712 | - (If r | ural give (cation) | + AZI |
| 3. NAME OF DECEASED: (Type or Print) | risting (Middle) | n | 2hr | 4. DATE OF DEATH | (Month) (Day | (Year) 19 55 |
| Femile 18 COLOR RACE: | widowed, divorce | Klue 20 | of BIRTH: 19.1 | GE last bit | | YEAR IF UNDER 24 HRS |
| 10a. USUAL OCCUPATION work done during hos even if retired) | (Give kind of to to work life, INDUSTRY | | 11. BIRTHPLACE | State or for | eign country): 12. | COUNTRY? |
| 13. FATHER'S NAME: | unknown | | 4. MOTHER'S MAIDE | | | Deli Par |
| 15. WAS DECEASED EVER IN (Yes, no, or unk.) (If Yes, g service) | U.S. ARMED FDRCES? 16. SOCIAL SECU | PRITY No.: | informant & Adi | ORESS: | shington | AC. |
| 7 | | | CERTIFICATION | | 0 | INTERVAL BETWEE |
| 8/2 X Immediate cause | ons directly leading to de. | Maye | e and a | sho | ck | ONSET AND DEAT |
| Antecedent cause(s Diseases or conditions, i | if any. (b) | e of ho | se Iskull | c | resled | chest |
| giving rise to the above stating underlying cause | | re 26 | athless | 3 Errs | below k | neer |
| TO THE DEATH BUT | CONDITIONS CONTRIBUTING T NOT RELATED TO THE ON CAUSING DEATH. | V | | | • | 1.7. W9 |
| 19a. DATE OF OPERATION | N: 19b. MAJOR FINDING OF OP | | | | | 20. AUTOPSY? Yes \(\text{No } \text{ No } |
| 21a. EXTERNAL CAUSE W PRIMARY OF CONTRIB CAUSE OF DEATH. | BUTING OF STRAIT | | Cake | and | (County) | (State) |
| oF INJURY (Month) (Day) | T 39 M. While at work | Not while at work | Podestri | m st | Tuhen, | auto |
| | at I took charge of the remaulted from: Natural causes | | | | | |
| SI NATURE | a Ratural causes | , Acciden | CHIEF M DEPUTY | MEDICAL E | XAMINER EXAMINER | DATE SIGNED |
| 23. BURIAL, CREMATION, | DATE/THEREOF NAME O | F SEMETERY | M. D. ASSISTAL | LOCATION | (City, town, or ed | ounty) (State) |
| REMOUSIL (Specify) | 6/11/55 Was | lingto | n Vational | Sc | itland | md. |
| DATE REC'D BY LOCAL | RUGISTRAR'S SIGNATURE | 0 | 24. EUNERAL DIREC | TOR | C 517 | ADDRESS |

UNFADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. MARGIN RESER PLEASE WRITE PLAINLY, WITH age is especially important.

BUREAU V. S.

JUN 14 1885

BECEINED

BUREAU V. E.

SSGI ES NUL

BAISINE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05879

CERTIFICATE OF DEATH

Dist No. 2 42

| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
|--|---|
| How long in above place of death? 13 Years | (if outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | street No. 6807 Koosevelt Ave A |
| A 20 | (If rural, give LOCATION) |
| How Long in hospital or Institution? | 2.(a) It veleran, name war. |
| 3. (a) FULL NAME Eynest Owir | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male White Widowed | 20. DATE OF DEATH JUTE 18 1955 at 7'15 |
| 6.(b) Name of hasharder wife Bertha Clay OWings 8.(c) If allve, give age years | 21. I CERTIFY that death occurred on the date above stated: that I altered deceased from 19.52, to JUNE 15. |
| 7. Birth date of deceased (mo., day, yr.) Dec 5 1866 8. ACF: Years Months Days If less than one day | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Congestive Heart Faiture 1 Hou |
| 9. Biripplace Parts (A) Yert to May / land. (Town, county, and state) | Hatorroschlerotic Heart Disease 10 Year |
| 11. Industry or business Tobacco Warehouse | Due 10 |
| # 12 Name Henry Owings. | Other conditions |
| 12. Name Mary and | Rheumalora Arthritis 18 Ver |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Amelia Own 9.5 | Major fiedioss of operations. |
| 15. Birthplace Maryland | Dale of op. |
| 16. Informant MYS Bertie Stevens | Actopsy resolts |
| Address 6807 Roosevelt Ave | PHYSICIAN: Please noderline the caose to which death should be charged statistically. |
| 12 . 1 . 10 . 55 | 22. VIOLENCE: It death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Dale thereof | Accident, sulcide, or homicide |
| Cemelery or crematory Lower MARL BORD Cem | Where did Injury occur? |
| Location MARLBORD MD | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director I Wm Leis Lons Co. | Means of Injury Injured at work? |
| Address 300-4 4 8f ME Mash DC | 23. SIGNATURE CO Suit Prilchie M. D. |
| 19 Level 25 19 55 Carrie Campbell | 7005 Rothie RASE M. D. or other |

BUREAU V. S.

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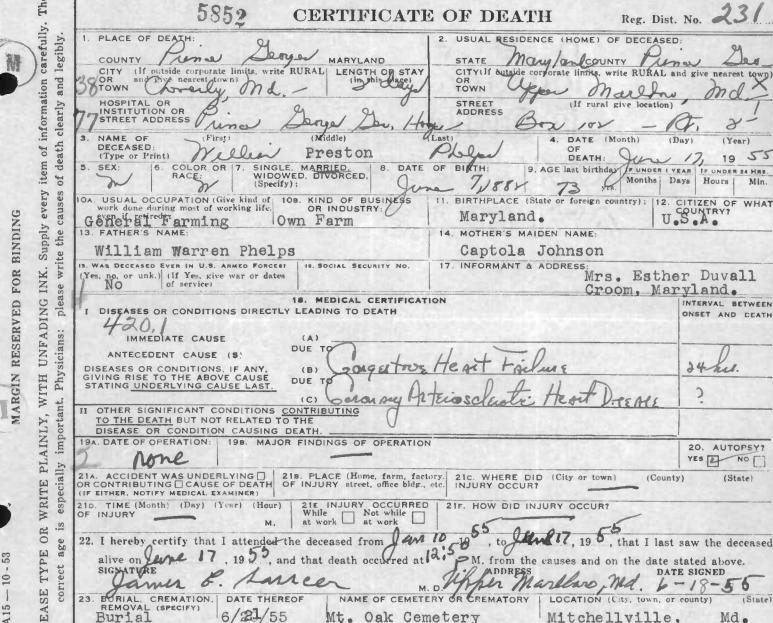
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maining all male was o

Ser PC day

AND STATE OF THE STATE



SIGNATURE

24. FUNERAL DIRECTOR

Upper Marlboro, Md.

Ritchie Bros.

S

DATE REC'D BY LOCAL

REGISTRAR



Section of the facility of the

DECENTED SE

MARYLAND STATE DEPARTMENT OF HEALTH

5895

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED. | TYP |
|--|---|--|
| MARYLAND | manana | Thruck TO |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STA | OR // OA | rive nearest town) |
| TOWN HOSPITAL OR | TOWN STREET (If rural, give location) | A |
| INSTITUTION OR STREET ADDRESS 5500 Officet | ADDRESS 5500 0 | eet |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| DECEASED (Type or Print) CLARA VIRGINIA | PHILLIPS DEATH JUL | 6 = 1950 |
| CITY (If outside corporate limits, write RURAL and CROTH OF STA OR give neared town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF CFIrst) (Middle) Type or Print) 19a. USUAL OCCUPATION (Live kind of work done do fing most of working the even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. 50 unknown) (If yes, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. 50 unknown) (If yes, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. 50 unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | 8. DATE OF BIRTH 9. AGE last birthday If under Months | er 1 year If under 24 hrs. Days Hours Min. |
| 10a. USUAL OCCUPATION (Cive kind of work done doing most of working the even if retired) INDUSTRY. | | 12. CITIZEN OF WHATE |
| done do fing most of working the even if retired) INDUSTRY + HOURS | a Washington, De | COUNTRY |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Sporas 1. Grewart | Margaret, | , . |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no punknown) (II yes, give war or dates of | 17. INFORMANT Reltride Rac | uce_ |
| 200 serve None Mone | 20a | ughler |
| 18. MEDICAL | CERTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| LOOK DIABETES N | 1ELLITUS | 740000 |
| Immediate cause (a) 11/17/16/12 1/1 | | |
| Antecedent cause(s) Diseases or conditions, if any. (b) | | 9 |
| giving rise to the above cause | ACCINCT SET - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| stating the underlying cause last | | |
| II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No No |
| Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bidg., etc.) 12. ACCIDENT (Specify) OF office bidg., etc.) | et, (CITY OR TOWN) (COUNTY | Y) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not While INJURY m. Work At work | | |
| 40. | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from | J, 19.9.J., toJ. MANGA. 10., 19.2.J., that I last | saw the deceased |
| alive on June 5, 1951, and that death occurred at | 4:32 P. m., from the causes and on the date s | stated above. |
| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
| Emuts Commelain mon 44 | too Bowen RASE 6. | -6-55- |
| | TERY OR CREMATORY LOCATION (City, tored or cou | njø) (State) |
| RUMOVAL (Specify) 9/58 (Deda) | V Hill Surtland | c, mai |
| DATE REC'D BY LOCAL RUGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| REG. 7. CS Cappia & Cappial | - Wolle Chrables Cr. 517 | 119 19 19 5 |

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BUREAU V. S.

BECEINED

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| OL. | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | No. |
|-------------------------|--|---------------------|
| e e | 1. PLACE OF PEATH: 2. USUAL RESIDENCE (HOME) OF DECKASED: | |
| T. Y. | COUNTY Truck GROUPS MARYLAND STATE MARGUNTY Prince | george |
| lly. | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and it nearest town) LENGTH OF STAY (If outside corporate limits write RURAL and OR TOWN) | give learest town) |
| d le | The second of th | 260 36 |
| y an | HOSPITAL OR JINSTITUTION OR PINE GONGS STREET ADDRESS 605 - S & CO. | E |
| informatio | 3. NAME OF DECEASED: (Middle) (Last) 4. DATE OF OF DECEASED: (Type or Print) | (Year) |
| for | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: If UNDER 1 YEAR OF BIRTH: 19. AGE last birthday: If UNDER 1 YEAR OF BIRTHDAY | AR IF UNDER 24 HRS. |
| infe | there of white prigried 7-27-1880 74 yrs. Brokens Da | |
| m of | 10a, USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country): 12. work done during most of work life, even if retired. | COUNTRY OF WHAT |
| item | 13 FATTER'S NAME: 14 MOTHER'S MADEN NAME; | |
| cau | Readore Tetcham Lena W Treene | |
| he | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: 41/5 Te | la art |
| ply te t | Bervice) // one John & Newman Wash. | DC |
| Suppl | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ONSET AND DEATH |
| INK. | Immediate cause (a) Lucinonary Intolesm | 11111 |
| 77 | Antecedent cause(s) | |
| ADIN icians: | Diseases or conditions, if any, (b) | •••••••• |
| UNFADIN Physicians: | giving rise to the above cause DUE TO stating underlying cause last | |
| UNF | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| Y, WITH important. | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| No. | DAMEDIA A CANCE WAS A SALE DA ON | Yes No No |
| | 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Street office bigs, etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, office bigs, etc., | (State) |
| E PLAINLY especially in | OF INJURY OF STREET OF STREET | an auto |
| PL | 22. I hereby certify that I took charge of the remains described above held an Autopsy [], Inspection | Inquiry A and |
| TE | | mined cause []. |
| WRITE ge is es | SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | DATE SIGNED |
| g W | 23 BURIAL, CREMATION, DATE, THEREOF NAME OF LEMETERY OR CREMATORY LOCATION (City, town, or cou | nty) (State) |
| ASI | (RHMQVAL (Specify) il 6/21/55 4th and Massare Wash. I | C |

VS. A15A - 5 - 53

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BUREAU V. S.

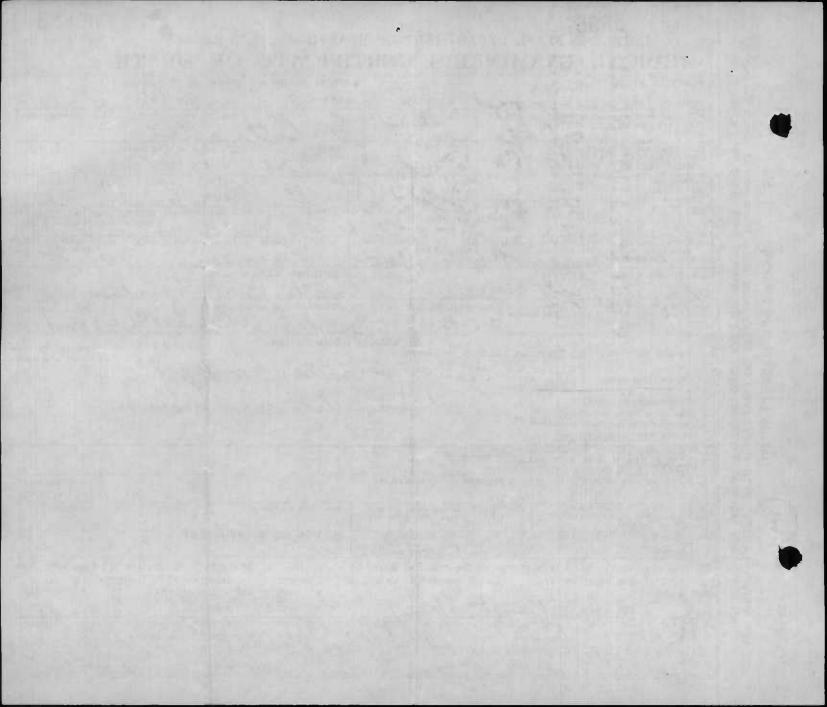
VS. A15A - 5 - 53

| 5896 | 05883 |
|--|--------------------------|
| | Reg. Dist. |
| | 21081 |
| MEDICAL EXAMINER'S CERTIFICATE OF DEATH | No |
| 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | 0 |
| COUNTY) me GIBGEO MARYLAND STATE MA COUNTY Om | e seo. |
| CITY (If outside corporate limits write RURAL on OR and give learns town) LENGTH OF STAY (If outside corporate limits write RURAL and OR TOWN) | give mearest town) |
| HOSPITAL OR O (If rural, give location) | 1 |
| INSTITUTION OR TOM 93811-40 Cove ADDRESS 3811-40 in Given | me - |
| 3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day | (Year) |
| (Type or Print) Deny amm Jarold Jowell DEATH 6 - 1 - | 1955 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 7. SINGLE, MARRIED, WIDOWED, WIDOW | |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. work done during most of work life, INDUSTRY: | CITIZEN OF WHAT |
| even if retired): Mechanic U.S. Havy Yand Vingina | 54. |
| 13. FATHER'S NAME: 14. MOTHER'S MADEN NAME: | |
| Winhild Scott Vervell Estella Berta Spradh | ng |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, Funk.) (If Yes, give war or dates of service) 217-05-3774 Magdalus C. Charles & Sixter | Sallymore |
| | I ma. |
| 18. MEDICAL CENTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN |
| 142x | ONSET AND DEATH |
| Immediate cause (a) Carle congestive heart Jacket | |
| Antecedent cause(s) | |
| Diseases or conditions, if any, (b) giving rise to the above cause DUE TO | |
| stating underlying cause last (c) | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY INJURY (County) | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work | |
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy □, Inspection ▼, find that death resulted from: Natural causes ▼, Accident □, Suicide □, Homicide □, Undeter | Inquiry, and mined cause |

DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 召 M. D, CEMPATRIA OR BURIAL, CREMATION, KENOVAL (Specify): NAME THEREOF A PURE DIRECTOR DATE REC'D BY LOCAL REG. REGISTRÁR'S SIGNATURE 4510

O (State)

ADDRESS



MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH- COUNTY CON MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY | |
|--|---|------|
| 38 CITY (I outside corporate limit), write RURAL and LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 85 X-3 | |
| 77 INSTITUTION OR Prince Genger Dr. Hope | STREET (If rural, give location) | |
| 3. NAME OF CONTROL OF TITED (Middle) (Type And Or Control Of Contr | Fratt DEATH June 13 15 | |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) 7) and 10a. USUAL OCCUPATION (Give kind of work 10b. Knd of Business of | 8. DATE OF BIRTH 9. AGE last birthead If under I year If under 2 year If under 2 year In under 2 year In under 2 year II ours | Min. |
| done during most of working life, even if retired) INDUSTRATION | Junetten W. Virginia COUNTRY? V.S. | .4. |
| Cornelius Fyles | 14. MOTHER'S MAIDEN NAME Cocad | |
| 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service) more | Bette De Janey, Hebrug Sent Bleam 19 | nd. |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CARDIO - RESPIR | ONSET AND DE | EEN |
| Immediate cause Antecedent cause(s) Dispases or conditions if any. (b) CEREBRAL -VA. | SCULAR ACCIDENT 10 day | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY Yes \(\text{No.} \) | V |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work | HOW DID INJURY OCCUR? | |
| alive on 12,1957, and that death occurred at 7 | 19 to 6 - 12 , 19 that I last saw the decease Among from the causes and on the date stated above. ADDRESS DATE SIGN 016 - GREIG ST SEAT-PLEASANT 6-1 | |
| 23. BURIAL, CREMATION DATE 15, 1953 West Left | RY OR CREMATORY LOCATION (City, town, or county) (State | 2 44 |

BUREAU V. S.

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DECENTEL

Reg. Dist.

MEDICAL EXAMINER'S Nos. 4

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Pr. Geo's STATE Maryland COUNTY Pr. Geo's MARYLAND CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR and give nearest town)
TOWN Forestville TOWN Upper Marlboro hr. STREET (If rurai, give iocation) HOSPITAL OR Pr. Geo's County INSTITUTION OR ADDRESS STREET ADDRESS (Middle) (Day) (First) (Last) 4. DATE (Month) (Year) DECEASED: OF 23 William Columbus Quade DEATH 1955. (Type or Print) 7. SINGLE, MARRIED, 9. AGE iast birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR 8. DATE OF BIRTH: 5. SEX: WIDOWED, DIVORCED, (Specify): Married Dec. Months 3, 1894 Male yrs. 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT ounty Roads U.S.A. work done during most of work life, even if retired): Foreman Maryland. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Robert Quade Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO .: 132 18th Street, S.E., Washington, D.C. (Yes, no, or unk.) | (If Yes, give war or dates of No service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause Antecedent cause(s) (b) .. Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause iast IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🗌 No 🖪 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) OF street, office bldg., etc., INJURY PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED Not while INJURY work | at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy in spection D, Inquiry D, and find that death resulted from: Natural causes D, Accident | Suicide | Homicide | , Undetermined cause | CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. OR CREMATORY 23. BUDIAL, CREMATION, LOCATION (City, town, or county) (State) NAME OF REMOVAL (Specify): Burial Carmel Upper Marlboro Md. Cemetery 24) FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL Ritchie Bros. Upper Marlboro, Md.

y every item the causes o Suppl K. UNFADING Physicians: p WITH re PLAINLY, especially imi RITE is es] Me M 2

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(State)

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BUREAU V. 2.

(Year)

3. NAME OF

DECEASED

(Type or Print)

Item 9, Film Class 7-8-55 et CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED

Reg. Dist. No.

(Day)

MARYLAND (If outside corporate limits, write RURAL and give plearest town LENGTH OF STAY (in this place) Cherelle 6 day 5 HOSPITAL OR INSTITUTION OR STREET ADDRESS

STATE Maryland COUNTY MINCE CITY(If outside corporate limits, write RURAL and give nearest town) Chederly TOWN

4. DATE (Month)

11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT

STREET ADDRESS 6000 Euclid DI

(Last) 8. DATE OF BIRTH:

DEATH VUNC 25 19 5 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours | Min. 76 yrs.

USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life, Reven if retired ternal levenue OR INDUSTRY 13. FATHER'S NAME:

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) /

COLOR OR

16 SOCIAL SECURITY NO.

(Middle)

MARRIED.

WIDOWED, DIVORCED,

INTERVAL BETWEEN ONSET AND DEATH

COUNTRY? u.sa

IMMEDIATE CAUSE ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

18. MEDICAL CERTIFICATION

DUE TO

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE (Home, farm, factory.

20. AUTOPSYT

(County)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED Not while While

21F. HOW DID INJURY OCCUR?

21c. WHERE DID (City or town)

INJURY OCCUR?

(State)

OF INJURY

at work at work L

22. I hereby certify that I attended the deceased from 3-72, 1950, to 6-23, 1953, that I last saw the deceased M, from the causes and on the date stated above.

, 19.5.5 and that death occurred at 10 alive on . ADDRESS SIGNATURE DATE SIGNED

CREMATION. Kine 27, 190 V

NAME OF CEMETERY OR

LOCATION (City,_town, or county)

DATE REC'D BY LOCAL

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DECENVED 8.8 1955
SUREAU V. S.

MANAGER OF THE RESIDENCE

THE REPORT OF THE PROPERTY OF

BUREAU V. E

1955 TO 1955

CELAED

| | 5819 CERTIFICATE | E OF DEATH Reg. Dist. No. 24 |
|--------|---|---|
| gibly. | 1. PLACE OF DEATH: COUNTY Prince George's MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's |
| and le | CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) /STOWN Hyattsville, Md. LENGTH OF STAY in this place) LU years | |

HOSPITAL OR

(If rural give location) STREET

| OF STREET ADDRESS 410 | Crittenden St | 1 2000000 | .05 Crittenden St, | • |
|---|-----------------------------|-------------------------|-----------------------------|---------------------------|
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Duy) (Yesr) |
| (Type or Print) Leol | n Glenmore | Rosson | OF June | (Day) (Yesr) 22, 1955. |
| | SINGLE, MARRIED, | 8. DATE OF BIRTH: | 9. AGE last birthday IF UND | |
| male white | (Specify): married | Sept 11, 1889 | 65 yrs. Month | hs Days Hours Mi |
| work done during most of worki even if retired): Plumber | ng life. OR INDUSTE | RY: | (State or foreign country): | 12. CITIZEN OF WH |
| 13. FATHER'S NAME: | | 14. MOTHER'S | MAIDEN NAME: | |
| William Littleton Ro | ossen | Ada R | Cosson | |
| 15. WAS DECEASED EVER IN U.S. ARMI | D FORCEST 16. SOCIAL SECU | URITY NO. 17. INFORMANT | T & ADDRESS: | - 1 |

(Yes, no, or unk.) (If Yes, give war or dates of service) W W styalleville me 18. MEDICAL CERTIFICATION CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH

IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ANY,

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(IF EITHER, NOTIFY MEDICAL EXAMINER

| 19A. DATE OF OPERATION: | 198. MAJOR FINDINGS OF OPERATION | |
|-------------------------|---|-------|
| Dec1-54 | Biops of nich tumo | to |
| 21A. ACCIDENT WAS UNDE | RLYING /218 PLACE (Home, farm, factory. 2 | Ic. W |

20. AUTOPSY1 HERE DID (City or town) (County) (State) OCCUR?

| 21D. TIME (Month) OF INJURY | (Day) | (Year) | (Hour) | 21E INJURY OCCUR While Not while |
|-----------------------------|-------|--------|--------|----------------------------------|
| | | | M | at work at work |

URRED 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from dec (, 1937, to 6-20, 1930, that I last saw the deceased 19.53, and that death occurred at 6,20P. M, from the causes and on the date stated above. DATE SIGNED

LOCATION (City, town, or county) NAME OF CEMETERY

BY LOCAL

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VS. A15-10-53

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

| | 5858 CERTIFICATE | COF DEATH Reg. Dist. | No.06.9 1 |
|---------------------------------------|--|---|------------------|
| carefully legibly. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | : Howard |
| re | COUNTY RINCE GEOFGES MARYLAND | STATE Maryland COUNTY Parm | |
| ca le | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL a | |
| tion | OR and give nearest town) (in this place) | OR TOWN | 134-2 |
| atic | Jo Cirotella add | LQUIEEI | 101 % |
| rly | HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | 1 0 |
| nforma | TISTREET ADDRESS Taince Goo. Gen. Hosp | Box SOTE. Hig | non lage IK |
| ind | 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (I | Day) (Year) |
| m of information death clearly and | (Type or Print) Babu Giel Agu | OF DEATH: JUNE | B 1955- |
| de | | OF BIRTH: 9. AGE last birthday IF UNDER 1 Y | |
| item of dea | RACE: WIDOWED, DIVORCED, (Specify): | Months D | ays Hours Min. |
| | Temale witte | yrs. | |
| every | OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| causes | even if retired): | Maryland. | |
| pply | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| | Charles. Royer | Hazel Lilley- | |
| . '2 | 15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) | | |
| | 18. MEDICAL CERTIFICAT | ION | INTERVAL BETWEEN |
| ADING s: plea | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| Iq | 7/25 | 11.1.+ | 40 |
| A se | IMMEDIATE CAUSE (A) Um on ANG | Htelectasis | To hours |
| TH UNFA | ANTECEDENT CAUSE (S) | 1 () | -0 |
| Dis | DISEASES OR CONDITIONS, IF ANY. (B) LAEM AT UT | rity 500 gms. 44 cm. | 48 hours |
| H | GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | |
| \vdash | (C) | | |
| AINLY, Wimportant. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| rta | TO THE DEATH BUT NOT RELATED TO THE | | 77111 14111111 |
| I od | DISEASE OR CONDITION CAUSING DEATH. | | |
| PLAINLY lly import | 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | N . | 20. AUTOPSY? |
| 3 | | | YES NO |
| et | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact | tory, 21c. WHERE DID (City or town) (Count | y) (State) |
| TE | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. INJURY OCCUR? | - 179 |
| WRITE | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 2 1F. HOW DID INJURY OCCUR? | |
| 5 | OF INJURY While Not while | | |
| OR is | 7 | 1 7 7 | |
| | 22. I hereby certify that I attended the deceased from un & | 6 , 19 5, to JUNE 8, 19 5, that I last | saw the deceased |
| TYPE rect ag | alive on Jon & 7, 1955 and that death occurred at | 7 50 M, from the causes and on the date | stated above. |
| Y | SIGNATURE | ADDRESS Cheyaly, Md. DAT | E SIGNED |
| | Cornellin S. 1 wrns | . D. Paince OFOIGE UEM. HOSP J | une 9, 1955 |
| SE | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, or | county) (State) |
| S.A. | REMOVAL (SPECIFY) | and granti | 0.1 |
| PLEA | DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| Д | REGISTRAR | A. FOREKAL BIRECION | CPDI)ESS |

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STATE AND PROPERTY AND DESCRIPTION OF THE

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1805893

5859 CERTIFICATE OF DEATH

Reg. Dist. No.23/

| _ | | | |
|---|---|--|--|
| | I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE |): O4 |
| , | COUNTY Prince Lease MARYLAND | STATE Mary/and COUNTY Prim | The The |
| | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside comporate limits, write RURAL a | |
| | 3 TOWN (in this place) | OR TOWN A CLAT P. A. d | 100, 75 |
| | HOSPITAL OR | STREET (If rural give location)) | 20 |
| | 7 INSTITUTION OR P. 1 | ADDRESS - | n 1 |
| | 1) what Lugy Low, My | | Mrs. |
| | DECEASED: (First) (Middle) | (Last) 4. DATE (Month) (I | Ony) (Year) |
| | (Type or Print) How nave | DEATH: Was | 14, 19 55 |
| | RACE: WIDOWED, DIVORCED, | OF BIRTH: 9. AGE last birthday IF UNDER ! Y Months D | The same of the sa |
| | 7 (Specify): 11- | -19-51 34 VF8. MONTHS | ays Hours Min. |
| | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| | even if retired): | | C.S.A |
| | 13. FATHER'S NAME: | 14. MOTHER SMAIDEN NAME: | |
| | Surward 1. Ryce | Ettel may Lefer | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. | 17. INFORMANT & DODRESS: | 1 \ 1 |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) | Hospital Records - Cherry | ly med |
| | 18. MEDICAL CERTIFICAT | ION | HNTERVAL BETWEEN |
| 8 | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 0 1 1 | ONSET AND DEATH |
| | 204.0 | to 11 to year house | 7-1. |
| | IMMEDIATE CAUSE (A) | Lynghetii Sen kemin | o any |
| | ANTECEDENT CAUSE (S) | | |
| | DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE | | |
| | STATING UNDERLYING CAUSE LAST. | | |
| | (C) | | |
| | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| | DISEASE OR CONDITION CAUSING DEATH. | | |
| | 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY7 |
| | | | YES NO |
| | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | cory. 21c. WHERE DID (City or town) (Count injury occur? | y) (State! |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | |
| | 22. I hereby certify that I attended the deceased from 6-6 | 21955, to 6-14, 1955, that I last | saw the deceased |
| | alive on 6-14 . 1955, and that death occurred at | 12= M, from the causes and on the date s | stated above |
| | SIGNATURE | ADDRESS / DAT | E SIGNED |
| | Golinle. Olikers | . D. 5301 Hawelton St., Hyutter | lle hel 6/15/50 |
| | 23. BURIAL, CREMATION, DATE THEREOF / NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, or | countin (State) |
| | Burial Jone 16, 1900 Fort Lines | in Cemetery Colman Man | V, ma |
| 1 | DATE REC'D BY LOCAL FEGISTRAR'S SIGNATURE | 24 PUNERAL DIRECTOR | ADDRESS) |
| | TEGIS PIVIS | 7/20012) 0.0 10 | - 17 / XI . / M // |

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OF INJURY

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year)

(Hour)

While

at work at work .03 22. I hereby certify that I attended the deceased from . 19 5 , 19 55, that I last saw the deceased to 8 alive_on and that death occurred at IPM, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION fown, or county) (State) REMOVAL SPECIFY) DATE REC'D BY LOCAL SIGNATURE DIRECTOR

21F. HOW DID INJURY OCCUR?

21E INJURY OCCURRED

Not while

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| EALTH—BALTIM | ORE, | 18 | | Dist. |
|--------------|------|------|------|-------|
| TRICATE (| TE | DEAT | H N. | M, |

| ct | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | keg. Dist. |
|--|--|--------------------|
| orre | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | No. 74 |
| e c | 1. PLACE OF REATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| LY. | COUNTY COUNTY MARYLAND STATE Md COUNTY In is | Sierses |
| of information carefully. The feath clearly and legibly. | CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) LENGTH OF STAY OR OR TOWN | tile nearest town) |
| care | HOSPITAL OR STREET (If rural, give location) | . / |
| rly | 3. NAME OF (First (Middle) (Last) 4. DATE (Month) (Day) | (Year) |
| mation | DECEASED: (Type or Print) Nancy Maris homette DEATH 6 - 15 | 1955 |
| infordeath | 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): (Specify): (Specify): 7-17-38 9. AGE last birthday: IF UNDER 1 YEAR OF BIRTH: (Specify): 7-17-38 | |
| | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. work done during most of work life, INDUSTRY: | CITIZEN OF WHAT |
| item ises o | 13. FATHER'S NAME: | 1:5.4. |
| every le cau | Vruit Edw. Shonette Jucus Batherine Ear | 1. |
| the Charles | 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Crint Edw Shorette Tytattsv. | ele nd. |
| Suppl | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| . : 0) | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ONSET AND DEATH |
| INK. | Ammediate cause (a) Jemowhaz & Thoch— | |
| 77 | Antecedent cause(s) | |
| DI | Diseases or conditions, if any, (b) DUE TO | ************ |
| FA | stating underlying cause last (c) had 8 kndh | |
| UNFADING Physicians: | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| WITH ortant. | DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
| Wi | | Yes 🗌 No 🗍 |
| Y, WITH important. | 21a. EXTERNAL CAUSE WAS PRIMARY Flor CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, office bldg., etc., injury) | (State) |
| | CAUSE OF DEATH. INJURY Remarks Of Death. 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCURRED | mol |
| PLAIN pecially | OF INJURY - 15 -55 A M. While at work Shill | 2 - |
| | 22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection | |
| ITE is es | find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER [] | mined cause []. |
| WRITE ge is es | M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | 5/15/05 |
| S S | 1. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or con REMOVAL (Specify): Location Thomas Thomas Thomas | (State) |
| LEA | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR AUGUST AND AUGUST AND AUGUST AU | ADDRESS |
| 7/4 | July July 1 July 1 | - Jany |

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

Carrollton

Charles G. Cooper512

Ave. Balto. 23,

MEDICAL EXAMINER'S CERTIFICATE DEATH

No. 232 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: STATE Maryland COUNTY Prince George's COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) (in this place) OR and give nearest town) X TOWN Upper TOWN Baltimore Transient Marlboro HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Route#301 STREET ADDRESS 608 Brune Street f information death clearly (Middle) (Last) 3. NAME OF (First) 4. DATE (Month) (Day) (Year) DECEASED: Smith DEATH 27 1955 (Type or Print) Macey 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED DIVORCED (Specify): Married Months Male April 10. 1914 of 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 11. BIRTIIPLACE (State or foreign country): | 12. CITIZEN OF WHAT INDUSTRY: work done during most of work life, COUNTRY? y every item the causes o even if retired) Truck driver North Carolina U.S.A. Trucking 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Cormelia McNeal Joseph Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: I6. SOCIAL SECURITY No .: (Yes, no, or unk.) (If Yes, give war or dates of Same address Ethel V. Smith Supply 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH (a) Hemorrhage and shock Immediate cause DUE TO UNFADING Physicians: Antecedent cause(s) Multiple crushing and burning injuries to the body. (b)..... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. E PLAINLY, WITH especially important. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21c. (City or town) (County) (State) 21b. PLACE (Home, farm, factory, street, office bldg., etc.,
Y Route#301 OF Upper Marlboro Mar vland INJURY (Day) (Year) (Hour) | 21e. INJURY OCCURRED 21d. TIME (Month) While at Driver of truck that overturned. 55 2:55 at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and WRITE ge is es find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 23, BURIAL, CREMATION. N ME OF CEMETERY OR CREMATORY PHEREOF LOCATION (City, town, or county) (State) DATE EMOVAL (Specify) : allemore National DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

John F. Danner

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Elientes) Bocone 7403

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BUREAU V. S.

BUREAU V. S.

DEPARTMENT OF HEALTH—BALTIMORE, 18 5862 CEF 7-5-55 et CERTIFICATE OF DEATH Reg. Dist. No. COUNTY LENGTH OF STAY (in this place) TOWN day s

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY CITY (If outside corporate limits, write RURAL CITYIII outside corporate limits, write RURAL and give nearest town and Rive nearest town) TOWN HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) Last) DATE (Month) (Day) (Year) DECEASED OF' (Type or Print) DEATH: 19 6. COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH: 8889. AGE last birthdgy IF UNDER I YEAR IF UNDER 24 HRS WIDOWED, DIVORCED RACE: Months Dava Hours (Specify): Widowed yrs. IOA. USUAL OCCUPATION (Give kind of) KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY COUNTRY? even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE STATING UNDERLYING CAUSE LAST. (C) 4 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 YES NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work 22. I hereby certify that I attended the deceased from 5/28 1953 . 1955, that I last saw the deceased .M, from the causes and on the date stated above. and that death occurred at alive on SIGNATURE ADDRESS DATE SIGNED

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REMOVAL (SPECIFY) REC'D BY LOCAL REGISTRAF

BURIAL CREMATION

DATE THEREOF SIGNATURE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

ADDRESS

SS61 &I NO!

BECEINED

5901 correct CERTIFICATE OF I. PLACE OF DEATH: The anges MARYLAND legibly. COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) TOWN Copsitol View and HOSPITAL OR INSTITUTION OR STREET ADDRESS clearly information 3. NAME OF (Middle) (First) DECEASED: WBSCPhine (Type or Print) death 5. SEX: S. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED (Specify): Widowa 9 of 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION Give kind of Jo INDUSTRY: work done during most of working life, MARGIN RESERVED FOR BINDING item even if retired): Comastic OWN HOME causes 13. FATHER'S NAME: ery Ens eV 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of Supply write service) 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. please 1146 Immediate cause (a) DUE TO UNFADING Antecedent causes (s) Diseases or conditions, if any, Physicians (b) giving rise to the above cause DUE TO stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ITH important, 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 2 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) SUICIDE PLAINLY HOMICIDE INJURY TIME (Month) INJURY OCCURED especially (Day) (Year) (Hour) While at INJURY Work 22. I hereby certify that I attended the deceased from 6-/8-PLEASE WRITE alive on , and that death occurred at (Degree or title) BURIAL CREMATION, REMOVAL (Specify) DATE THEREOF DATE REC'D BY SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

5863

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (H | COIT | NTY |
|--|--|------------------------------|-------------------------------------|
| Prince George's MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | Marylan | d | Pr. Geo. |
| | II OR T TARRE | te limite, write RURAL and | l give nearest town) |
| | Town Laur | | 141 |
| HOSPITAL OR LINE OF STREET ADDRESS FILE CONTROL OF STREET ADDRESS | STREET ADDRESS 509 Go | (If rural, give location |) |
| 3. NAME OF DECEASED (First) Maude Hettie | Taft | 4. DATE (Month) OF June | (Day) (Year) 29, 19 55 |
| Female White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WHITTED | s. DATE OF BIRTH 9/28/1875 | 9. AGE last birthday If un | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or New York State | foreign country) | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME Edwin Julius Bachelder | 14. MOTHER'S MAIDEN Mercy | NAME | 0.00 |
| | 1 | | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of NO lecrvice) | | ADDRESS () | Me 021 |
| 18. MEDICAL CE | RTIFICATION | 200 | 10 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | CON 184 | INTERVAL BETWEEN ONSET AND DEATH |
| | | | ONSET AND DEATH |
| Immediate cause (a) leerbal the | unbone | | 7 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR T | OWN) (COUN | TY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCC | UR? | |
| 5/ /. | 7, to 6/29 | 1955 that I ias | at saw the deceased |
| 6/6 | | | |
| alive on, 19.3., and that death occurred at | ADDRESS ADDRESS | causes and on the date | stated above. DATE SIGNED |
| Obstated 46 my 4 R. HOZ | main It Fa | mul hay | 6/29/50 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY LO | OCATION (City, town, or ex | ounty) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | | ADDRESS |
| | May My AND NYO | - The carry has | unil 100 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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5902

CERTIFICATE OF DEATH

Reg. Dist. No 9 42

| 0302 | CENTIFICATE | OF DIA | 111 | Reg. Dist. I | No. |
|--|--|--------------------------|----------------------|-----------------------|-------------------|
| I. PLACE OF DEATH; | | 2. USUAL RESIDE | NCE (HOME) OF | DECEASED: | |
| COUNTY Tringe Ston | MARYLAND | STATE | yland | COUNTY | Pa Gengs |
| CITY (If outside corporate limits, write OR and give nearest town) | EURAL LENGTH OF STAY | CITY (If outside OR TOWN | e orporate fimils, v | vrite RURAL and | give nearest town |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS | 7 - 24 a | al give location) | ne / |
| 3. NAME OF DECEASED: (Type or Print) | May Jann | (Last) | OF | onth) (Day) 6 - 30 | (Year) |
| 5. SEX: S. COLOR OR RACE: WIDO (Specific Specific Specifi | E, MARRIEN, 8. DATE (WED, DIVORCED. | | 74 yr | Months Days | |
| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | alex | (State or foreign | country): 12. CIT | UNTRY? |
| 13. FATHER'S NAME: | markell | 14. MOTHER'S MAID | EN NAME: | m | |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NOT: 17. | informant & adi | PRESS: | 3-927- | 24 cong |
| | 18. MEDICAL CERTIFICATION | N | | | Interval Band |
| 1. DISEASES OR CONDITIONS DIRECTLY 332 X Immediate cause (a | ceretral | The | onlier | 4 | Onset And Deat |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE | allic | rsclero | si, | | |
| (c) | | | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but r related to the disease or condition causing | ot ald han | iplegies | - left | 1 | 3 years |
| 19a. DATE OF OPERATION: 19b. MAJOR | FINDINGS OF OPERATION | | | | 20. AUTOPSY ? |
| 21. ACCIDENT (Specify) PLAC | E (Home, farm, factory, street, | (CITY OR TOWN | N) (COL | (STA | Yes No No T |
| HOMICIDE INJU | office bldg., etc.) | | | | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Not While Work At Work | HOW DID INJURY | OCCUR? | | |
| 22. I hereby certify that I attended th | | ,195.5, to Ju | Ma 30, 19.55 | Sthat I last sa | w the deceased |
| alive on 6-30, 1955, and SIGNATURE | that death occurred at 3. | | the causes and | on the date st | E SIGNED 1/ |
| 23. BURIAL OUR TARREST DATE THERE | OF NAME OF CEMETER | y OR CREMATORY | LOCATION (C | ity, town, of count | |
| DATE REC'D BY LOCAL REGISTRAR'S | SIGNATURE | FUNERAL DIRE | TOR | 9 131 | ADDRESS |
| 23. BURIAL, OBJECTATION DATE THERE PRINOVAL (Spaint) DATE REC'D BY LOCAL REGISTRAY'S | OF NAME OF CEMETER | 3/232 Y OR CREMATORY | Parl | Wde S | E SIGNED T |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05906

5864 CERTIFICATE OF DEATH

Reg. Dist. No. 231

| | | 9 | | | |
|-------------|---|---|-----------------------|--|--|
| bly. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): | | |
| legibly | COUNTY PRINCE GEORGES MARYLAND | STATE W. VO COUNTY | ALC: THE | | |
| | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL a | nd give nearest town) | | |
| and | TOWN Cheder (4) 2 day, | TOWN 14/ 1 | 85V2 | | |
| > | HOSPITAL OR | STREET (If rural give location) | 0000 | | |
| ari | The INSTITUTION OR | ADDRESS | | | |
| clearly | I KINCE GEO GEN (203) | | | | |
| | DECEASED A | | Day) (Year) | | |
| death | (Type or Print) Haa Oan | Death: JUNE | 16 19 55 | | |
| of d | RACE: WIDOWED DIVORCED. | OF BIRTY: 9. AGE iast birthday IF UNDER ! Y | | | |
| | 7 While (Specify) Widowell 9 - | 23 - 10 70 61 yrs. | | | |
| causes | IOA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working lyte. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | | |
| cal | work done during most of working lyte. even if retired forsewife own I don't | closet (ra ll | -56 | | |
| the | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | |
| e t | mc Connell | sarah ! | | | |
| write | IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) | seral B Van scoy | | | |
| ease | 18. MEDICAL CERTIFICAT | | | | |
| ple | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN | | |
| | 4341 | · - H - + 730/ | The CLAIM | | |
| Physicians: | IMMEDIATE CAUSE (A) ONGEST | ive Heart Failure | | | |
| cia | ANTECEDENT CAUSE (S) DUE TO | | -) ₄ | | |
| Ys | | ry Heart Disease | Asminutes | | |
| Ph | STATING UNDERLYING CAUSE LAST. DUE TO | | | | |
| ٠٠ | (C) | | | | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| por | DISEASE OR CONDITION CAUSING DEATH. | | | | |
| imi | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | | |
| | 1 6-1555 Bilateral Sapheneus L | lein Ligations | YES NO | | |
| ecially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State) | | | | |
| esp | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | | | |
| is | OF INJURY M. While Not while at work at work | | | | |
| 0 | 22. I hereby certify that I attended the deceased from 6 - 1 | 3., 1955, to 6 - 16, 1955, that I last | saw the deceased | | |
| 20 | | | | | |
| ect | alive on | | | | |
| corre | John C. S. Fy | . D. 11718 Viers Mill Rd , S.S. M.S. | 6-16-55 | | |
| 00 | 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, or | | | |
| 1 | ransportation 6/16/55 rock | mon west (the | _ \ \ / | | |
| | DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR | TADDRESS | | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 7,8, plincl83 7.5.55 et CERTIFICATE OF DEATH Reg. Div

| | 5888 | Neg. Dist. No. 62 V L |
|-------|---|--|
| . Kin | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| 100 | COUNTY PRINCE GEORGE'S MARYLAND | STATE MANyland COUNTY PRINCE GEORGE |
| le le | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) |
| sno | SOR and give nearest town) (in this place) STOWN Chesery Solution | TOWN ~ P |
| > | HOSPITAL OR | STREET (If rural give location) |
| eari | MINSTITUTION OR OF THE STREET ADDRESS OF | ADDRESS 4010 - 30 % 55 |
| ara | I RINCE GEO. GEN HOSP | |
| arn | 3! NAME OF (First) (Middle) DECEASED: (Type or Print) Ohatta | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: Sunc 15 1955 |
| de | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | |
| IO S | Female While Specify: Married 10 Ju | we 18/96 69. yrs. Months Days Hours Min. |
| Ise | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| cal | work done during most of working life. even if retired) Housewife. | Censelsee GOUNTRY. |
| e | 13. FATHER'S NAME: | 14 MOTHER'S MAIDEN NAME: |
| 2 | John Hand Martin | Machael Calland |
| 200 | IF WAS DECEASED EVER IN U.S. AMMED FORCEST 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: (C)) - 2 and (con |
| 3 | (Yes, no, or unk.) (If Yes, give war or dates | de l'elle posse una cur. |
| Se | of service) | isarford walker or oristerlie mo. |
|) ie | 18. MEDICAL CERTIFICAT | INTERVAL BEIWEEN |
| -4 | 420.1 DISEASES OF CONDITIONS DIRECTLY LEADING TO BEATH | ONSET AND DEATH |
| 52 | | youand: um & LAND: AC TAMPONADE ? |
| la | ANTECEDENT CAUSE (S) | 1 |
| SIC | DISEASES OR CONDITIONS, IF ANY, (B) | Infanction / WEEK |
| 0 | GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | 1 |
| 3 | (c) or on Au HA | triosclastic Heart Disease ! |
| an | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | 14 |
| סגנ | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | na d Uterins transus ? |
| du | 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | N () |
| H | 2 | 20. AUTOPSY? |
| 113 | 214 ACCIDENT WAS UNDEDLYING TO 1219 BLACE (II | |
| реста | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., | |
| es | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while | 2 IF. HOW DID INJURY OCCUR? |
| 20 | M. at work at work | |
| e | 22. I hereby certify that I attended the deceased from June | 10, 1955, to Jen E/5, 1955, that I last saw the deceased |
| ed ed | alive on June 15, 1955, and that death occurred at | |
| CC | SIGNATURE. | ADDRESS - DATE SIGNED / |
| 11.6 | Leon & Gallin M | 1. D. Tet Rayies Med 6/15/55 |
| 00 | 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town or county) (State) |
| | Burnal (SPECIFY) 6/18/00 Cedar He | ill sentland prof. |
| | DATE REC'D BY LOCAL POSISTRAR'S SIGNATURE | 1 24 PUNERAL DIRECTOR 1/ + ADDRESS 1 |
| | REGISTRAR MY Um ander Domes | It ruscher sne Healerthe mg |
| | | |

MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

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SZEL OZ NUL

BUREAU V. S.

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schools Tarbon Stoles August 1985

at 5

| MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 | 05908 |
|---|---|------------------------|
| 5866 CERTIFICATI | | No. 239 |
| 1. PLACE OF DEATH: COUNTY TUNCE Heave MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Marylond COUNT | |
| CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | CITY (If outside forporate limits, write RURAL and TOWN Lawrel, | d give nearest town) |
| INSTITUTION OR STREET ADDRESS 324 Montgomus Street | STREET 324 Montgomery | Street . |
| 3. NAME OF DECEASED: (First) FLORENCE WELSH W | (Last) (ATEKS 4. DATE (Month) (Day) OF DEATH: (MONTH) | 19 55 |
| Typel RACE: WIDOWED, DIVORCED March | OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE. 86 yrs. Months Day | ys Hours Min. |
| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): | Maryland | OUNTRY . |
| 13. FATHER'S NAME: G. Luck | Clyobeth Chu Spear | |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) Aff Yes, give war or dates of service) | informant a Address: when Le. Quatels, 304 Monigonury | St. Faurel MA |
| 18. MEDICAL CERTIFICATION | ON / | Interval Between |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Harmonia Landing To DEATH | relusin | Onset And Death 45 min |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (ST | rate) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from March. | 20,19.5.5, to flame 16., 19.5.5 that I last s | aw the deceased |

INJURY 22. I hereby ce alive on AL occurred at Annual Andrews and on the date (Degree or title)

BURIAL, CREMATION, REMODAL (Surcity)

DATE REC'D BY LOCAL NAME OF

Dune Qualtur

LOCATION (City, town, or county)

DATE SIGNED

ADDRESS

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JUN 20 1955

BECEINE

MARYLAND STATE DEPARTMENT OF HEALTH

| ect | 5867 CERTIFICAT | TE OF DEATH |
|--|---|--|
| e correc | FOR MEDICAL | AL EXAMINERS Reg. Dist. No. 239 |
| The | 1. PLACE OF DEATH. COUNTY Ruise Glorge MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Saward |
| NG of information carefully death clearly and legibly. | CITY (If outside corporate limits, write RURAL and OR give nearest town) HOSPITAL OR CITY (If outside corporate limits, write RURAL and Item (in this place) HOSPITAL OR | OR TOWN Lange 13X-21 |
| on ca | INSTITUTION OR STREET ADDRESS 33 A St Z | ADDRESS |
| rmati | 3. NAME OF DECEASED (First) (Middle) (Type or Print) (Athernie 7. SINGLE, MARRIED, | (Last) 4. DATE (Month) (Day) (Year) OF DEATH 19. AGE isst hirthday If under 1 year If under 24 hrs. |
| G info | WIDOWED, DIVORCED, (Specify) 10m. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or | Man. 5-1885 69 yrs. Months Days Hours Min. |
| BINDING ry item of uses of deg | done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME | Manufland Country? USA |
| (1) CO | 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | May Lydings |
| (2. (1) | (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CE | Miss Shirley Heishman Jange, Md |
| RESERVED I INK. Suppl : please write | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| RESER INK. | Antecedent cause (a) Antecedent cause(s) | eg The misses / a. |
| MARGIN R INFADING I Physicians: | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | and arteresterous / y. |
| NIA UNF/ t. Phy | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deep but not related to the disease or condition rausing death Carlouic | itis Apriner 10 yu. |
| WITH UI | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes No |
| y imp | 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) INJURY | |
| PLAINET especially | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while 1NJURY m. work at work | HOW DID INJURY OCCUR? |
| WRITE PLA | 22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said decomposition in the said causes accident suicide, homicide strong title. SIGNATURE | Autopsy , Inspection , Inquiry thereon and from the evidence ceased died on the day stated above, and death in my opinion resulted , undetermined . ADDRESS DATE SIGNED |
| EASE W | 23 RURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) THE REST. P. C. | CERY OR CREMATORY LOCATION (City, town, or county) (State) |
| PLE | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS Le Witt, Canaldan Land Md |

SSGT SI NUL

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 68 | CERTIFICATE | OF | DEATH |
|----|--------------|-----|-------|
| UO | CEMILIFICATE | OT. | DEATH |

| | 5868 CERTIFICATE | E OF DEATH Reg. Dist | . No. 23/ |
|------------|--|---|-----------------------------|
| legibly. | 1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASE STATE Manyland. COUNTY Pain | ce George |
| and | 38 TOWN Checky — LENGTH OF STAY (in this place) | CITY(If outside corporate limits, write RURAL OR TOWN Haatsoile. | and give nearest town) |
| clearly | MOSPITAL OR MINISTRUTION OR PRINCE Geo. Gen. Hosp. | STREET ADDRESS 4203 - BOATOD | pt ' |
| death | DECEASED. | aley _ OF DEATH: June | Day) (Year) § 1955 |
| of | RACE: WIDOWED, DIVORCED, (Specify normed 1) So | Months I | Days Hours Min. |
| e causes | work done during most of working life. even if retired) Hease wife 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | COUNTRY? |
| write th | IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | Un Known | |
| ease wi | (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICAT | Hospital Records | |
| [d : | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN |
| Physicians | ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) Moneraly | ed carentone | bulk |
| | STATING UNDERLYING CAUSE LAST. (C) Paren II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | are of overy | (man), |
| important. | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | V | |
| | 6-1-65. Februs ulever - Car | wood form | 20. AUTOPSY? YES NO (State) |
| especially | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | etc. INJURY OCCUR? | (State) |
| is e | OF INJURY While Mot while at work at work | | 41 1 1 |
| ect age | 22. I hereby certify that I attended the deceased from alive on | M, from the causes and on the date | stated above. TE SIGNED |
| correct | | ERY OR CREMATORY LOCATION (City, town, o | r county) (State) |

MARGIN RESERVED FOR

TYPE OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE

DATE REG'D BY LOCAL

information carefully. The

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| 5869 | CERTIFICATI | E OF DE | ATH | Reg. Dist. | No. 204-5 |
|---|--|-----------------|-----------------------|--------------------|-------------------|
| I. PLACE OF DEATH: | | 2. USUAL RESID | DENCE (HOME) OF | DECEASED: | |
| COUNTY PRINCE GEOT | S MARYLAND | STATE On | mel Leon | COUNT | ry |
| CITY (If outside corporate limits, write OR and give nearest town) | RURAL LENGTH OF STAY (in this place) | OR TOWN | side corporate limits | write RURAL and | give nearest tov |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 6215-4 | 3nd Procest. | STREET ADDRESS | 15 - 43 | ral give location) | eet. |
| 3. NAME OF DECEASED: (First) | (Middle) We heat | (Last) | 4. DATE OF DEATH: | Month) (Day) | (Year) |
| 5. SEX: S. COLOR OR 7. SINGI | WED, DIVORCED, | OF BIRTH: | 9. AGE last birtid | | AR IF UNDER 24 HI |
| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even If retired): | 10b. KIND OF BUSINESS OF INDUSTRY: | R II. BIRTHPLAC | E (State or foreign | country): 12. C | OUNTRY? |
| 13. FATHER'S NAME: | en the | 14. MOTHER'S MA | Bullina | Dayl | 52 |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 17 | . INFORMANT & A | DDRESS: | Jan Elio | get Bros |
| | 18. MEDICAL CERTIFICAT | ION | | | |
| 420.1 Immediate cause (a | | my He | not Dis | gase | mku |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE | o) TO | | | | |
| (c |) | | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing | not | | | | |
| 19a. DATE OF OPERATION: 19b. MAJOR | | | | | 20. AUTOPSY |
| 0 | · · · · · · · · · · · · · · · · · · · | | | | Yes No |
| 2I. ACCIDENT (Specify) PLAC OF HOMICIDE | CE (Home, farm, factory, street office bldg., etc.) | t, (CITY OR TO | WN) (CO | UNTY) (SI | PATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Not While Work At Work | HOW DID INJU | RY OCCUR? | | |
| 22. I hereby certify that I attended th | he deceased from | ,19#8, to | ma 321955 | , that I last s | aw the deceas |
| alive on 6/30, 1955, and | that death occurred at | 7258m (10 | om the causes and | d on the date s | |
| Charles J. Bows | ve ms. 200 | RIAV | e NE Was | 15TE | 6/30/55 |
| 23. BURIAL, CREMATION, DATE THERE REMOVALO (Specify) 7/J/J/J | nt o | wet with | Wash | City, two, or egh | (State) |
| DATE REC'D BY LOCAL REGISTRAR'S | s signature | 24 FUNERAL DIR | L some | Lexillar | lle Ink |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15

Privice George Signer Same Serger الأدرون الم ورك المراوي الأدرور المردد: bzis- 43000 stores 6005 U 320 10 200 100 200 M. . Winship Wheatley June 30 55 atternerations . Laws to the like 116 . 11. 161 Joseph M. Wheether Enums Shally Dealer Strings Coronary Heart Dearcon suching Charles 33 Same 147 Jeen 8.7 Vice Nell They will be 1955 Paries

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DECENTEN



5903 CERTIFICATE OF DEATH

Reg. Dist. No. 2 44 2

| I. PLACE OF DEATH- COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | p. 94 |
|---|--|-------------------------------------|
| CITY (II outside corporate limits, write RUKAL and LENGTH OF STAY OR give nearest town) (In this place) | CITY (If outside corporate limits, write RURAL and give OR TOWN | nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) | / |
| 3. NAME OF (First) (Middle) (Type or Print) | (Last) 4. DATE (Month) OF DEATH 5-3- | (Day) (Year) - / 95 1 19 |
| 5. SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) | 8-28-1878 () 6 yrs. Months. I | |
| done during most of Forking Me, evan if retired) Lidustry | Charison ha | CITIZEN OF WHAT |
| 13. FATHER'S NAME and Widney | 14. MOTHER'S MAIDEN NAME Backers Bluss | |
| 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) | 17. INFORMANT AND ADDRESS | whey day |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| 332 X Immediate cause (a)Cuclphalomal | lació c'hemonhogs | 48-72 lus |
| Antecedent cause(s) Diseases or conditions, if any, (b)Small Stroke | s of alvanes, multiple | Zums |
| stating the underlying cause last (c) as Cerebrou | 7 | 5. 9 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 0 |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? Yes No No |
| 21. ACCIDENT (Specify) PLACE (Ilome, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from / Man | | |
| alive on 1955, and that death occurred at SIGNATURE (Degree or title) | ADDRESS ADDRES | ed above. DATE SIGNED |
| 23. BURIAL, CROMMTION DATE NAME OF CEMETER REMOVAL (Specify) | RY OR CREMATORY LOCATION (City, town, or county) | (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNAPURES REG. 5-1955 Celua F. Flux | 24 FUNERAL DIRECTOR | ADDRESS |
| | od wash | بهم. |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| r. Th | 5870 CERTIFIC | CATE OF DEATH | Reg. Dist. No. 231 |
|--|--|--|-------------------------------------|
| carefully. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF | 9. |
| tion car | COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF and give nearest town) CITY (in this property of the control | place) OR | |
| every item of information auses of death clearly and | HOSPITAL OR 19da | | ive location) |
| item of informat | 3. NAME OF STREET ADDRESS / CINCE Georges General Hos | 200 | 9nth) (Day) (Year) |
| of | (Type or Print) ///a/e | Wrightson DEATH: | me 3 1955 |
| item of d | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. WIDOWED, DIVORCED, (Specify): Single | May 15, 1955 9, AGE last birthday | Months Days Hours Min. |
| NG every causes | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY: | | COUNTRY? |
| VDIN pply the c | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | 10.D.A. |
| | not Konyo | Barbara Lee T | homas |
| . L | 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY | | 72.7.3 |
| FOR INK. | (Yes, pof or unk.) (If Yes, give yar or dates of service) | Statistic Card - | |
| RESERVED I UNFADING I sicians: pleas | 18. MEDICAL CERT | | INTERVAL BETWEEN ONSET AND DEATH |
| ER AL | IMMEDIATE CAUSE (A) | biratory collapse due | |
| RESE UNF. | ANTECEDENT CAUSE (S: DUE TO | PC++1 | |
| ARGIN RESEI WITH UNFA | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | I serus lurely and alreans | rf. |
| WI WI | (c) Du | embrary VEntilation | |
| - 00 | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| AINLY import | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OP | ERATION | 20. AUTOPSY? |
| | | | YEB NO |
| | 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, official examiner) | arm, factory. 21c. WHERE DID (City or town) fice bldg., etc. INJURY OCCUR? | (County) (State) |
| - / P 10 | OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCC While Not we at work at work | while | |
| | 22. I hereby certify that I attended the deceased from | 5 15, 1955, 70 6-3, 1950, | that I last saw the deceased |
| 10-53 TYPE O rect age | alive on 3, 1955, and that death occur | rred at 7 M, from the causes and on | the date stated above. DATE SIGNED |
| | F. A. (Threshousen | M.D. Oolloge Park | 6/4/55 |
| | 23. BURIAL, CREMATION, DATE THEREOF NAME OF REMOVAL (SPECIFY) 641955 LOEDA | 11:00 -1 0 | City, town, of county) (State) |
| /S. Alb | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DISECTOR | Riverda la MA |

DECEDVED. Y. S. BUREAU Y. S.

A SALES OF THE SALES OF THE SALES

ADDRESS

Hyattsville, Md.

F. Gasch's Sons

| . The | 5904 CERTIFICATI | E OF DEATH Reg. Dist. | No. 244 |
|---|--|--|------------------|
| carefully legibly. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| carefull legibly. | COUNTY Prince George's MARYLAND | STATE Maryland COUNTY Prince | George's |
| sion ca | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) | CITY(If outside corporate limits, write RURAL and OR | |
| atic | HOSPITAL OR | TOWN Lanham Maryland. STREET (If rural give location) | |
| nforma | OD INSTITUTION OR Lanham Severn Road | ADDRESS Lanham Severa Road | / |
| item of information of death clearly and | DECEASED: (Type or Print) Joseph James Yuil: | | |
| every | PACE. WIDOWED DIVORCED | 28, 1874 9. AGE last birthday IF UNDER I YE. 80 yrs. Months Day | ys Hours Min. |
| | work done during most of working life, even if retired): Retired Pharmacist | Canada | ITIZEN OF WHAT |
| ppl; | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| INK. Su | Joseph Yuill | Margaret Cockeran | |
| | IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) | I. INFORMANT & ADDRESS: Lena N. Yuill Lanham, Marylan | d. |
| | 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN |
| IC | | andio voscular send disease | S years |
| NE | ANTECEDENT CAUSE (S) | + 1 11 - + | 0 |
| WITH UNFAI | DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO | hal Hyperlansion | ? years |
| = | (c) | | |
| AINLY, Wimportant. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 7 | 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY7 |
| VRITE PI especially | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. INJURY OCCUR? | (State) |
| > ~ | OF INJURY OF INJURY | 21F. HOW DID INJURY OCCUR? | |
| 0 | 22. I hereby certify that I attended the deceased from 4/: | 7 , 1952, to 6/6 , 1955, that I last s | saw the deceased |
| TYPE rect a | alive on 6/5, 1955, and that death occurred at SIGNATURE | ADDRESS DATE | ated above. |
| ASE | REMOVAL (SPECIFY) | ERY OR CREMATORY LOCATION (City, town, or | |
| EA | Cremation June 8, 1955 Fort Linco | In Crematory Colmar Manor, Ma | ryland. |

A15. VS.

MARGIN RESERVED FOR BINDING

DECEDAED

BUREAU V. &